

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

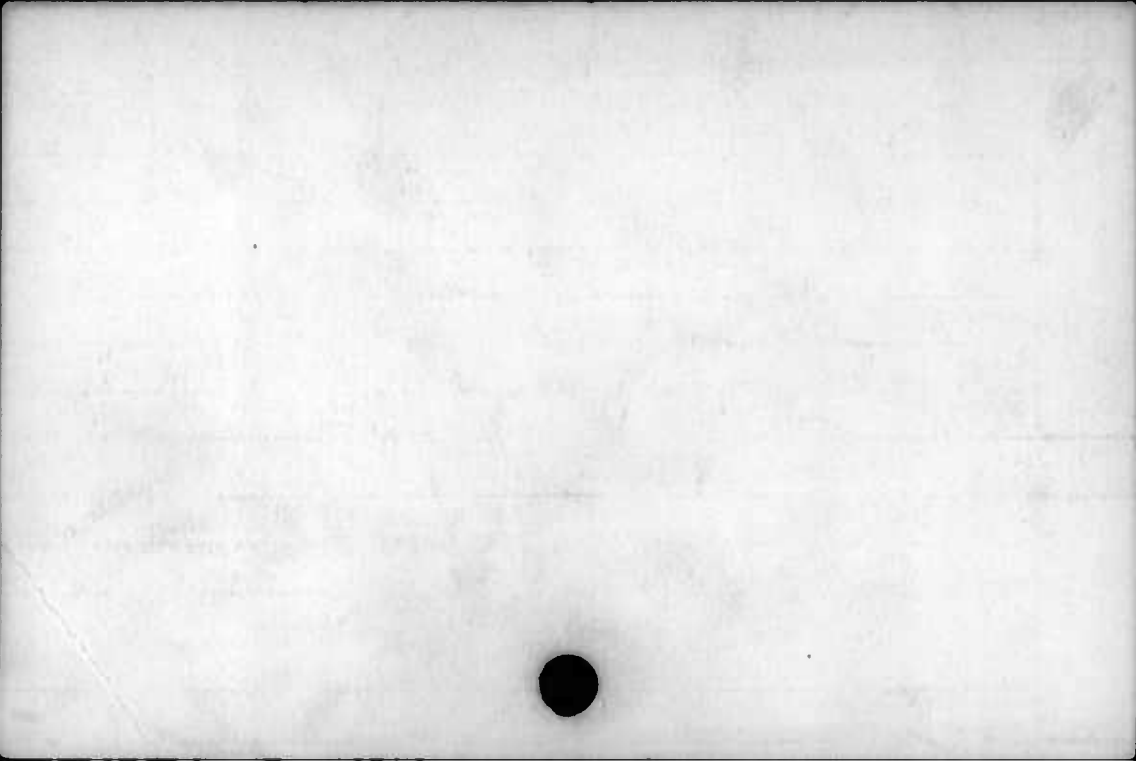
Died at <i>Cambridge, Maryland</i>		County		MAYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>5</i>	Age <i>58</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge, Maryland</i>			
Occupation <i>Businessman</i>	Where Residing if not at place of death <i>Cambridge, Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. L. Lawrence</i>				
Father's Name <i>John P. Baker</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Katharine</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>E. L. Terrell</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Gun shot wound abdomen</i>	How long <i>38 hours</i>
Immediate	<i>Shock following gun shot wound</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. S. Davis M.D.</i>
		Address <i>27 S. Michigan St.</i>
Accident or Suicide?	<i>Accident</i>	<i>Cambridge Md.</i>



Name
in
Full

Richard H Barrett

CERTIFICATE OF DEATH

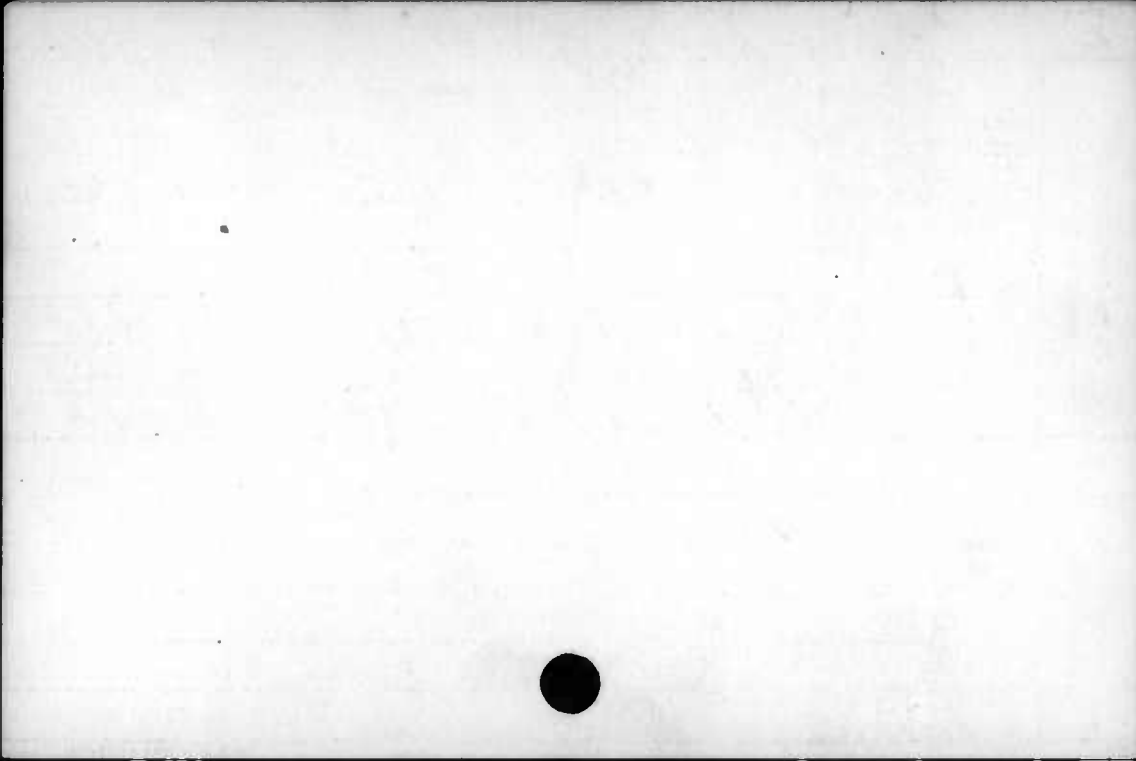
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cum</i>		Town		<i>Alle</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>20</i>	Age	<i>14</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>		
Occupation	<i>none</i>				Where Residing is not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband						
Father's Name	<i>Richard H Barrett</i>					Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Mary F. Fy</i>					Mother's Birthplace	<i>Ind</i>		
Name of person giving information	<i>Richard Barrett</i>					How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>1 m</i>
Immediate	<i>Cholera</i>	How long	<i>3 h</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>A. L. Lamb</i>	
		Address	
		<i>Cum. Ind.</i>	
Accident or Suicide?		<i>Franklin</i>	



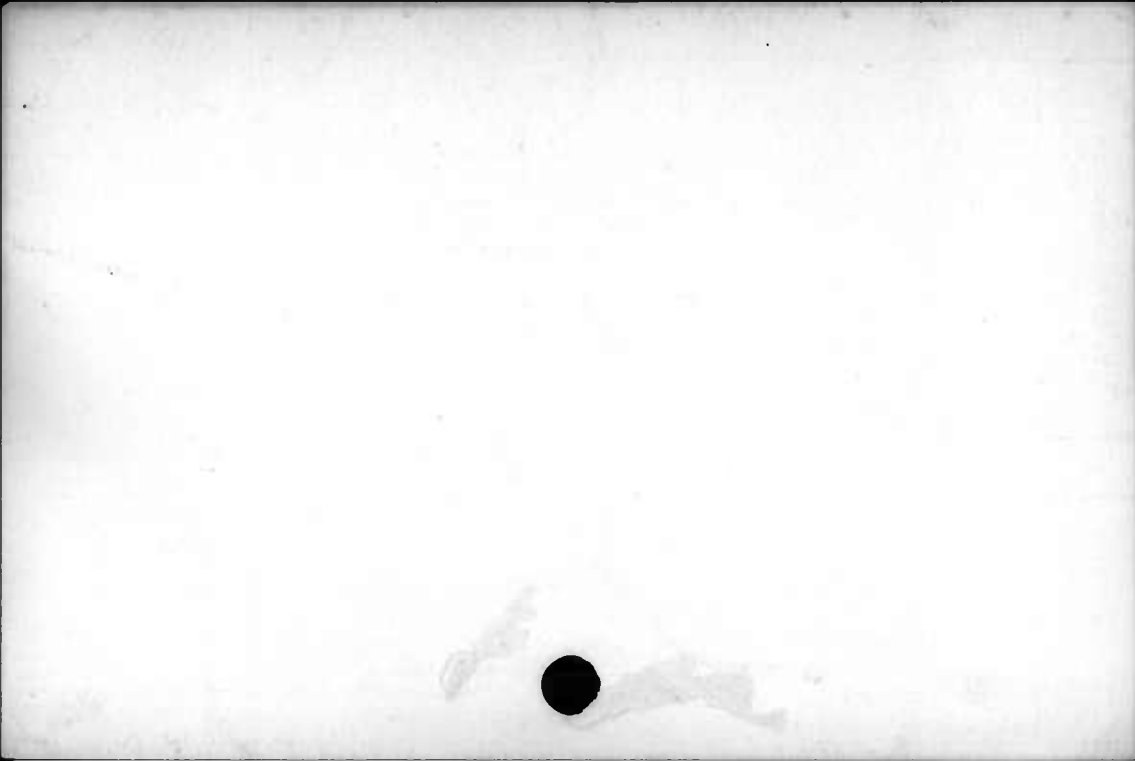
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkhart Mines</u>		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>24</u>	Age <u>5-4</u>	Years <u>6</u>	Months <u>24</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Elkhart Mines</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>+</u> <u>+</u> <u>+</u>			
Married, Single or Widowed		Name of Wife or Husband <u>Edmund Barry</u>			
Father's Name <u>Morris White</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Mary White</u>		Mother's Birthplace <u>Ireland</u>			
Name of person giving Information <u># Edmund Barry</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary	Sclerosis -		(63)	How long	4 weeks.
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	B. H. Carmichael	
			Address	Eckhart Mining Co.	
Accident or Suicide?					



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant - (Bittinger)

Town *Crumbd* County *Allegheny* MARYLAND

Died at *Crumbd*

Date of death 1907 *Oct.* Day *12* Age *—* Years *—* Months *—* Days *+*

Sex *male* Color or Race *White* Birth-place *Crumbd.*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *no.*

Father's Name *W. S. Bittinger* Father's Birthplace *Garrett Co Md*

Mother's Maiden Name *Bessie A Joffel* Mother's Birthplace *W. Va.*

Name of person giving information *W. S. Bittinger* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

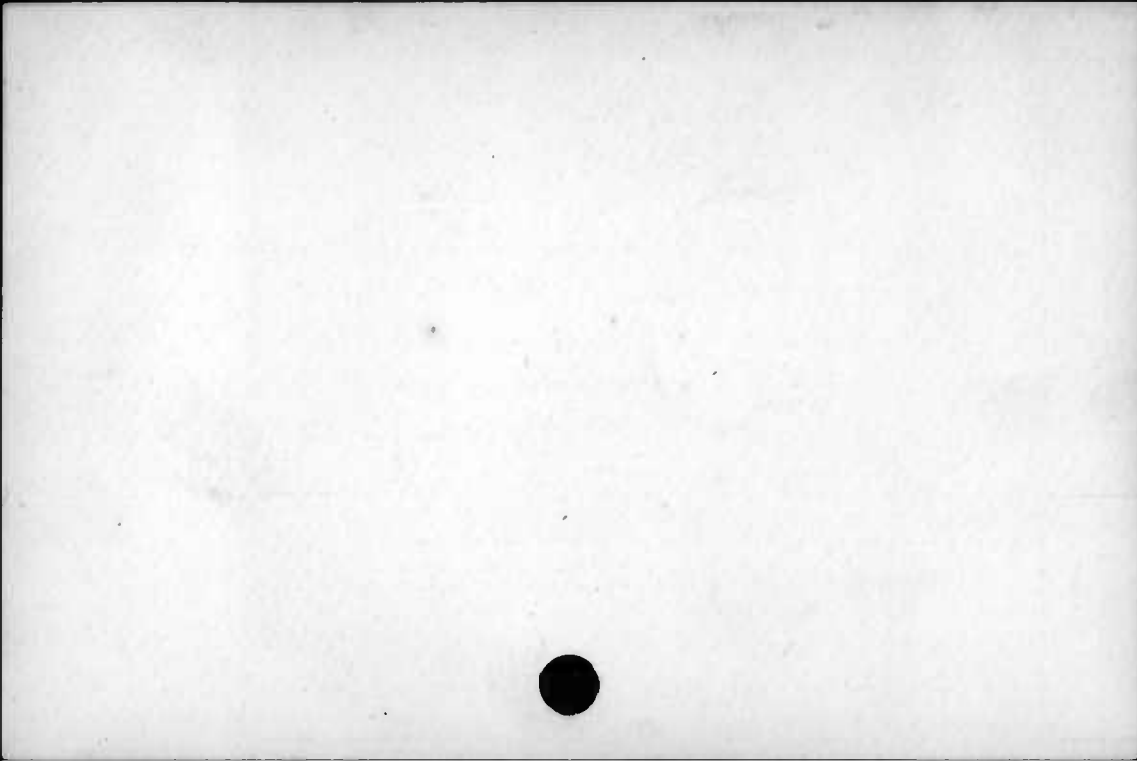
Primary *Premature birth* How long *2 months*

Immediate *Difficult delivery* How long *48 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. J. Tuzg*

Emil Stern Address *Crumbd and Md*

Accident or Suicide? *—*



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
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MARYLAND

infants of Albert & Bessie Brown
Town CountyDied at Camden Date of death 1907 Oct 12 Age — Years — Months — Days 1Sex — Color or Race Colored Birth-place MdOccupation none Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband —Father's Name Albert BrownFather's Birthplace MdMother's Maiden Name Bessie JonesMother's Birthplace MdName of person giving information Albert BrownHow related to deceased Father

CAUSES OF DEATH

157

Primary Premature birth How long 7 1/2 mos.Immediate deficient circulation How long 18 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Shurgeon JamesAddress 63 1/2 Mechanics StAccident or Suicide? Sharks



Name
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Frank Brown

CERTIFICATE OF DEATH

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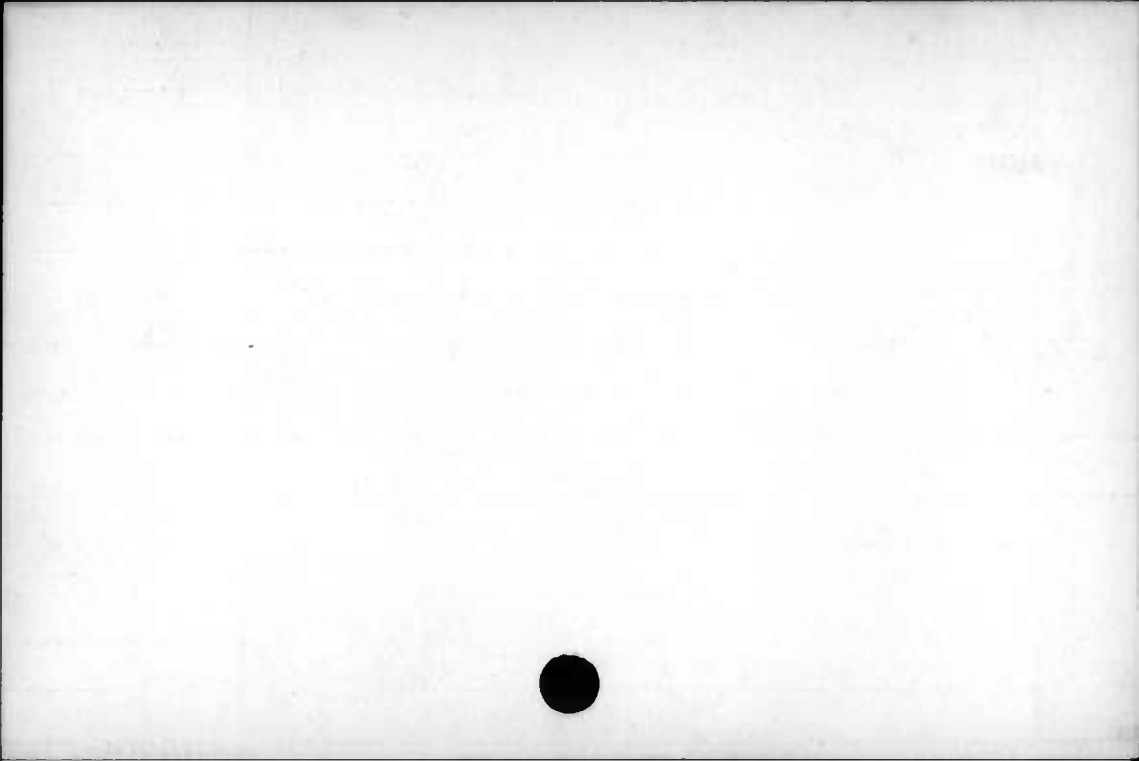
Died at <i>Narrows</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1907	Month	Oct	Day	23
Age	60	Years		Months	
Sex	male	Color or Race	White	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Madeline Brown		
Father's Name	Louis Brown		Father's Birthplace	Germany	
Mother's Maiden Name	Anna Baker		Mother's Birthplace	"	
Name of person giving information	W. H. Brown		How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. L. Purigg</i>
	<i>Stem.</i>	Address	<i>Cumberland Md</i>
Accident or Suicide?			



Name
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C. A. Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>McLean</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	30	Age	39
Sex		Male		Color or Race		White	
Occupation		Pool Room Manager		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Rose Ravenscroft Burke	
Father's Name		John Burke		Father's Birthplace		Romney W. Va.	
Mother's Maiden Name		Mary E. Orey		Mother's Birthplace		Hampshire Co. Mass.	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

27

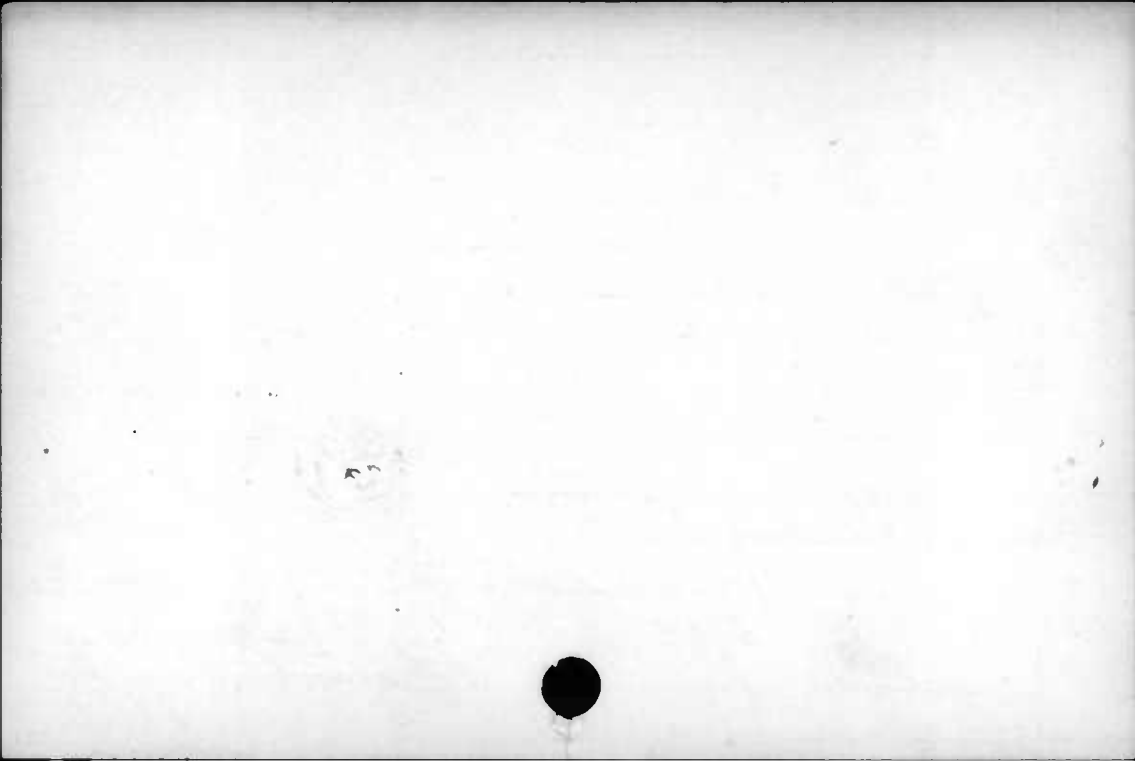
PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

Pulmonary Tuberculosis about one year

yes

C. Hoffmann,
Kenner
W. Va.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumt</i>		County <i>Alleghany</i>		MARYLAND	
Date of death		1904	Month <i>Oct.</i>	Day <i>4</i>	Age <i>19</i>	Years	Months —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Mr Savage</i>			
Occupation <i>Scholar</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Burkey.</i>				Father's Birthplace <i>Near Cumt.</i>			
Mother's Maiden Name <i>Margaret Mills.</i>				Mother's Birthplace <i>md.</i>			
Name of person giving Information <i>James Burkey.</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

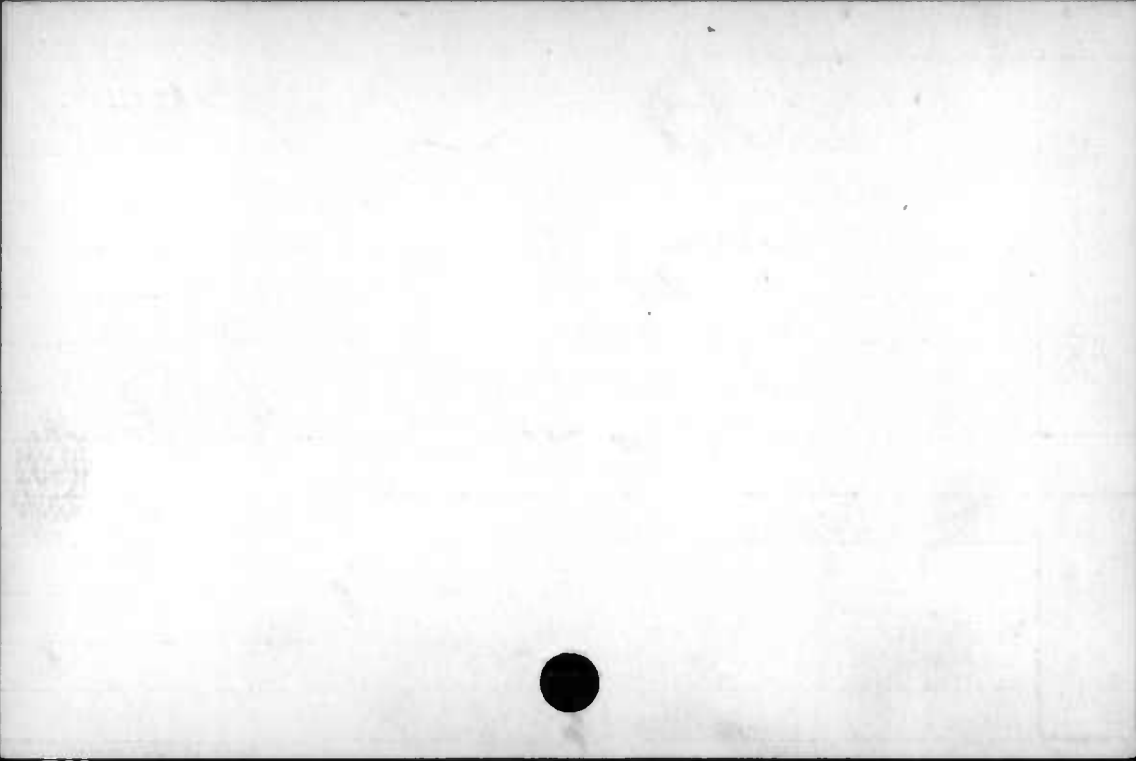
Primary <i>Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. Sear</i>
	Address <i>Cumt Md</i>
Accident or Suicide? <i>No</i>	

324 N. Centre St.

Name in Full <i>Wm Burns</i>		CERTIFICATE OF DEATH	
Died at <i>Cambridge</i> ^{Town}		<i>Alleg</i> ^{County}	
Date of death <i>1907</i>		MARYLAND	
<i>Oct</i> ^{Month}		<i>6</i> ^{Day}	
<i>22</i> ^{Years}		<i>—</i> ^{Months}	
<i>22</i> ^{Days}			
Sex <i>Male</i>		Color or Race <i>Colored</i>	
Occupation <i>Cart driver</i>		Birth-place <i>Pa</i>	
Where Residing if not at place of death <i>Jail</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>on hearsay</i>		How related to deceased <i>none</i>	
<div style="display: flex; justify-content: space-between;"> ✓ CAUSES OF DEATH (176) </div>			
Primary <i>Killed by unknown Mob</i>		How long	
Immediate <i>Taken out of jail and Lynched</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. H. Mark Coroner</i>	
<i>Stent</i>		Address <i>Leumirland Md</i>	
<i>Summer</i>		<i>92 Independent St</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mamie Jane Coder

Town

County

MARYLAND

Died at Arthur

Ally

Date

Month

Day

Age

Years

Months

Days

of death 1907

Oct

24

1

13

Sex

Color or Race

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

105

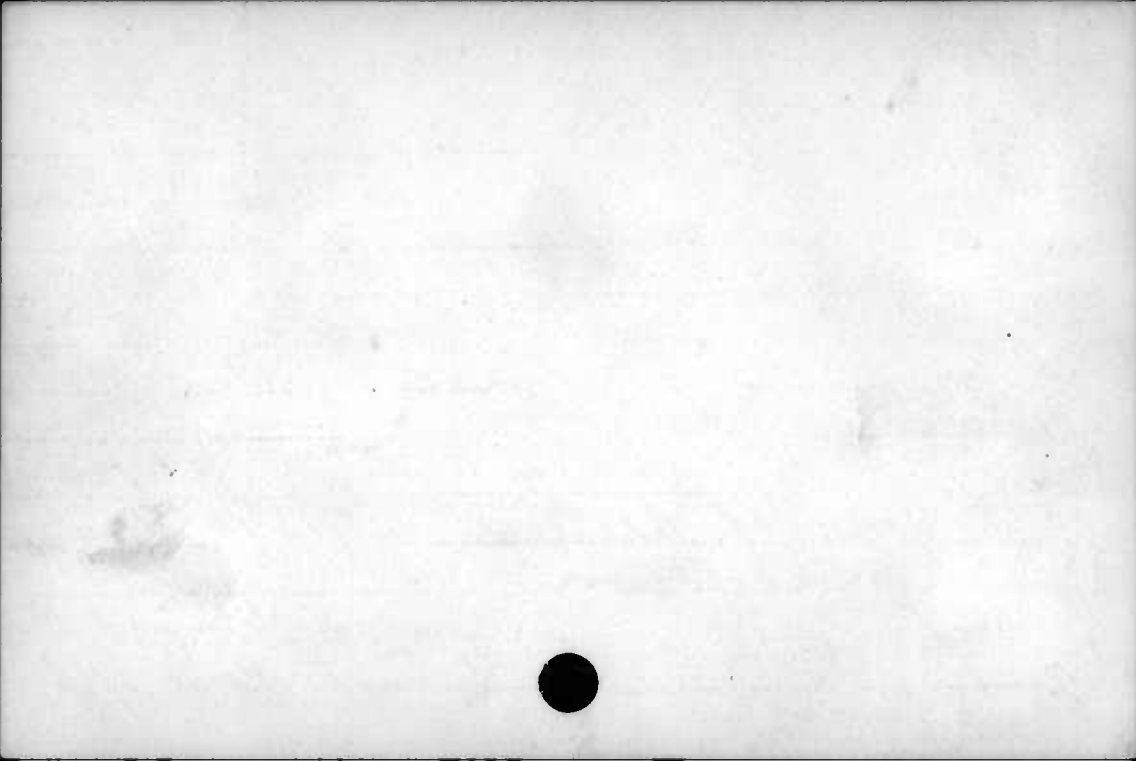
How long 2 weeks
How long 2 months



Dr. Conroy
Arthur

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

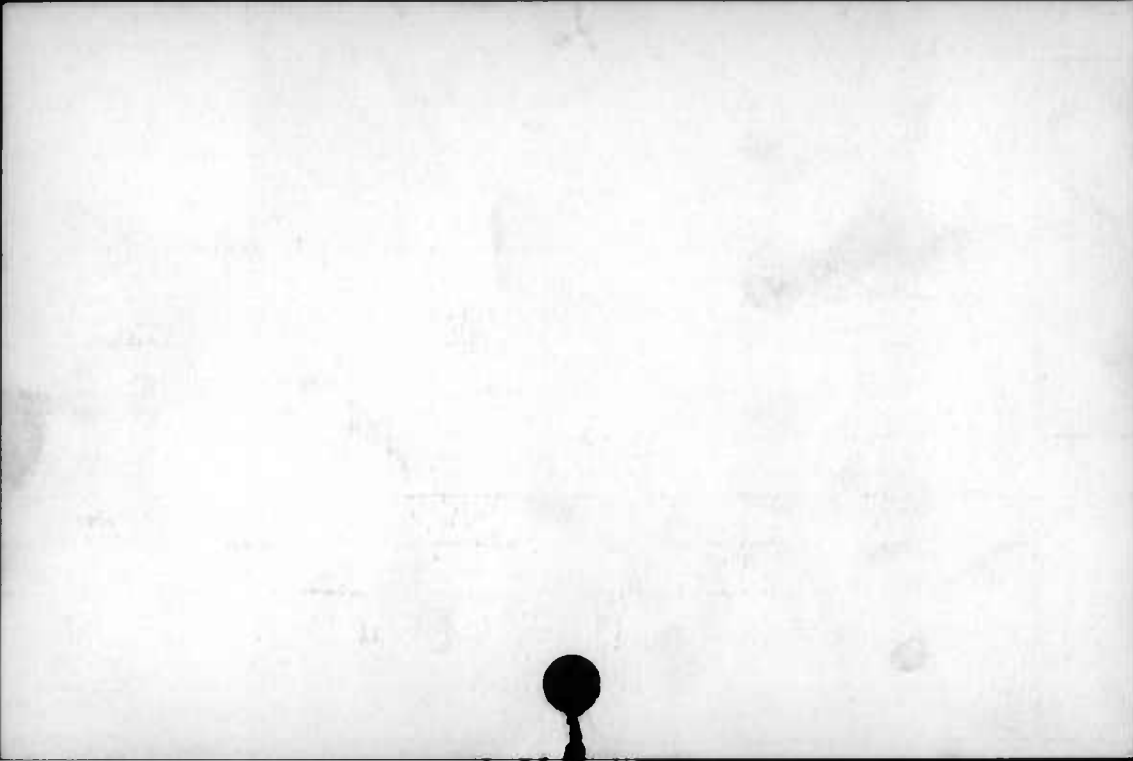
Died at <u>Cumberland</u> Town		<u>Accrighany</u> County		MARYLAND	
Date of death	1907	Month	10	Day	11
Age		Years	52	Months	
Sex	Male	Color or Race	white	Birth-place	Washington D.C.
Occupation	Carpenter		Where Residing if not at place of death <u>Cumberland</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Claribel Cox		
Father's Name	Geo Washington Cox		Father's Birthplace	St City Md	
Mother's Maiden Name	Sara Cox		Mother's Birthplace	Mentem Pa	
Name of person giving information			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<u>Cancer of Rectum</u>	How long	<u>15 months</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>James J. Johnson M.D.</u>	
		Address <u>Cumberland Md</u>	
Accident or Suicide?			



Name
in
Full

John Barnard Crabtree

CERTIFICATE OF DEATH

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NEAREST FRIEND

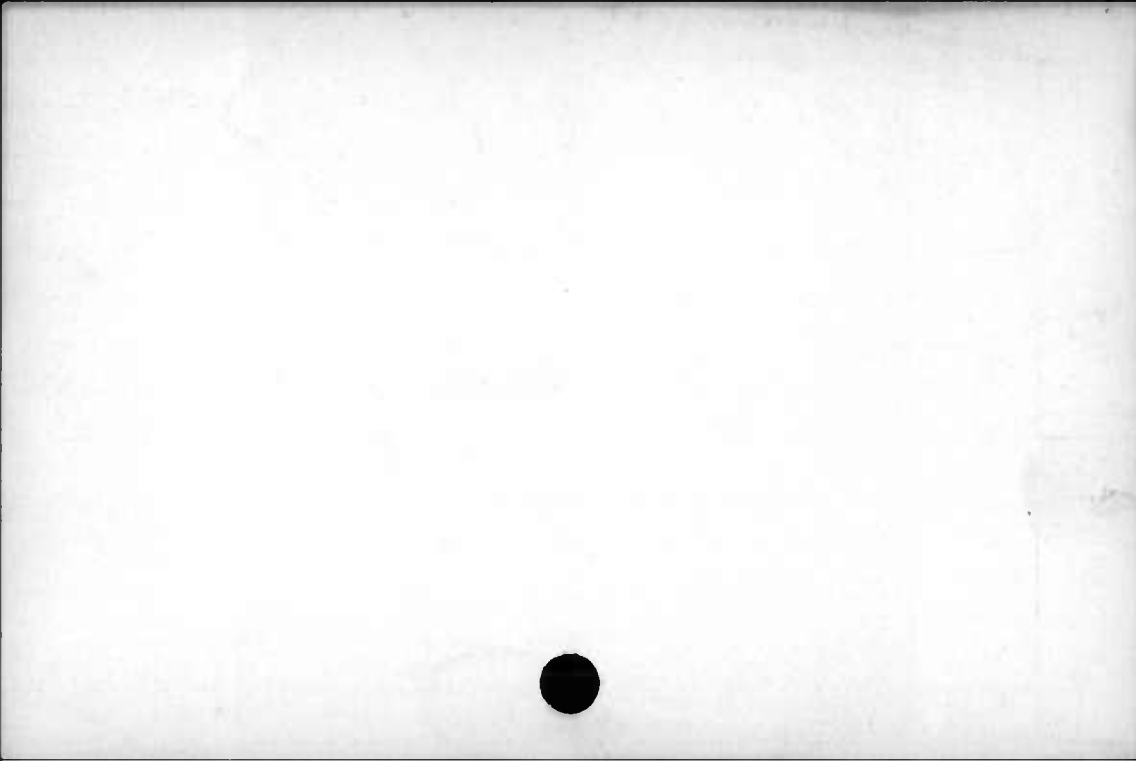
Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>30</u>	Age <u>2</u>	Months <u>2</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. L. Crabtree</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mrs. V. Hanna</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

⑧

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long <u>1 mo</u>
Immediate <u>Pneumonia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Broadbent</u>
	Address <u>Cumberland Ind</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Margaret Robison James Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Barton* Town

County

Alleghany

MARYLAND

Date of death *1907* Month *Oct*Day *3*Age *50* YearsMonths *10*Days *27*Sex *Female*Color or
Race*White*Birth
place*Scotland*

Occupation

*AW*Where Residing if not
at place of death*✓*Married, Single
or Widowed*Married*Name of Wife or
Husband*John Cross*Father's
Name*James Gowen*Father's
Birthplace*Scotland*Mother's
Maiden Name*Annith Robison*Mother's
Birthplace*Scotland*Name of person giving
information*John Cross*How related
to deceased*Husband*

CAUSES OF DEATH

79

Primary

Valvular disease of heart

How long

Several years

Immediate

General oedema

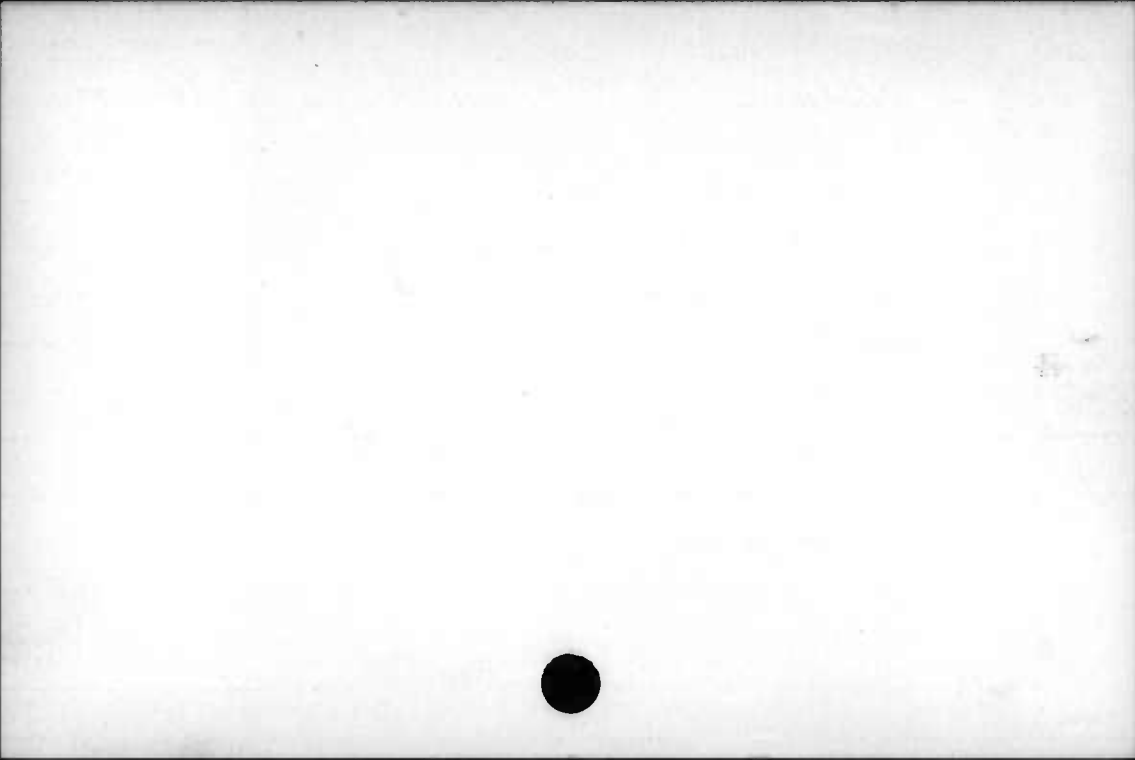
How long

*Two months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. A. Borchers*

Address

Barton, Md

Accident or Suicide?



Name
in
Full

Louise Katie Croose

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1904

Oct

31

Age

2

Sex

Female

Color or
Race

Colored

Birth-
place

Ind

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Robert Croose

Father's
Birthplace

Va

Mother's
Maiden Name

Lucy Tigney

Mother's
Birthplace

Va

Name of person giving
In formation

Robert Croose

How related
to deceased

Father

CAUSES OF DEATH

(93)

Primary

Pneumonia

How long

3 weeks

Immediate

heart failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Surgeon General

Address

654. Mechanics

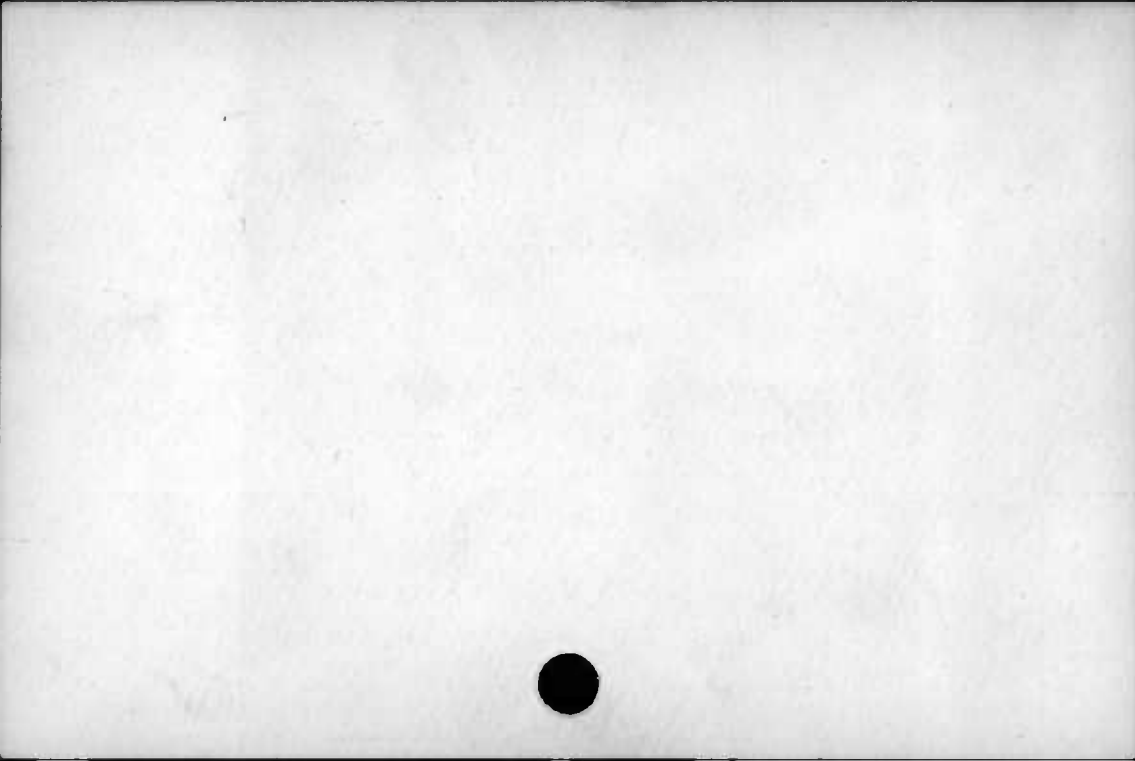
Accident or Suicide?

Sparks

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		Robert Charles Cruse, Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumbd		County Alleghany		MARYLAND	
	Date of death	1907	Month Oct	Day 17	Age Years one week	Months Days	
	Sex	male		Color or Race	colord		Birth place
	Occupation	none		Where Residing if not at place of death		Cumbd	
	Married, Single or Widowed	single		Name of Wife or Husband		none	
	Father's Name	Robert Charles Cruse Sr.				Father's Birthplace	W. Va.
	Mother's Maiden Name	Lucy Tanker				Mother's Birthplace	W. Va.
	Name of person giving information	Robert Charles Cruse				How related to deceased	Father
<div style="text-align: center;">CAUSES OF DEATH (36)</div>							
PHYSICIAN OR CORONER	Primary	unknown		Saw infant once, it was very feeble and suggested		How long	Don't know
	Immediate	unknown		and suggested		How long	Don't know
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W. D. Dure
	Address		Cumbd		Address		Cumbd
	Accident or Suicide?						



Name in Full		John F. Brothers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1907	Month 05	Day 2	Years 38	Months 6	Days 17
	Sex	Male		Color or Race	White		
	Occupation	Carpenter			Birth-place	Cumberland	
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Jennie Brothers		
	Father's Name	John Brothers			Father's Birthplace	Don't know	
Mother's Maiden Name	Sarah Barten			Mother's Birthplace	Don't know		
Name of person giving information	Jennie Brothers			How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Brain aneurysm from fall.			How long	6 weeks.	
	Immediate	Respiratory failure.			How long	7 weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes.			Signature of Physician		
		Stein.			Address	425 Franklin	
	Accident or Suicide?	Accident.				Cumberland Md.	

166

38 = 9
1st month.

Name
in
Full

CERTIFICATE OF DEATH

Joseph Cunningham
 Died at mt Savage Elk County
 Date of death 1907 Oct 11th am Age 42 Months Days

MARYLAND

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Sex Male Color or Race White Birth-place mt Savage Md
 Occupation Iron moulder Where Residing if not at place of death
 Married, Single Single Name of Wife or Husband
 Father's Name Thomas Cunningham Father's Birthplace Ireland
 Mother's Maiden Name Anne Farrell Mother's Birthplace Ireland
 Name of person giving information Edmund Tammor How related to deceased Brother-in-law

CAUSES OF DEATH

76

PHYSICIAN
OR CORONER

Primary Heart Failure How long Sudden
 Immediate
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician F. Alan E. Murray M.D.
 Address mt Savage Md
 Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Mary L. Darforth		Town Cumberland		County Allegheny	
Died at		State MARYLAND			
Date of death		1907	Month Oct	Day 27	Age 10
Sex Male		Color or Race White		Months 10	Days 10
Occupation School Give		Where Residing if not at place of death		Birth- place Cumberland Md	
Married, Single or Widowed Single		Name of Wife or Husband None			
Father's Name William Darforth		Father's Birthplace England			
Mother's Maiden Name Mama Hoover		Mother's Birthplace Cumberland Md			
Name of person giving In formation Mrs Darforth		How related to deceased Mother			
CAUSES OF DEATH					
Primary Typhoid Fever		How long 8 weeks			
Immediate Peritonitis		How long one week			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. S. Duke		Address Cumberland Md	
Accident or Suicide?					



Name
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Clara V Daylon

CERTIFICATE OF DEATH

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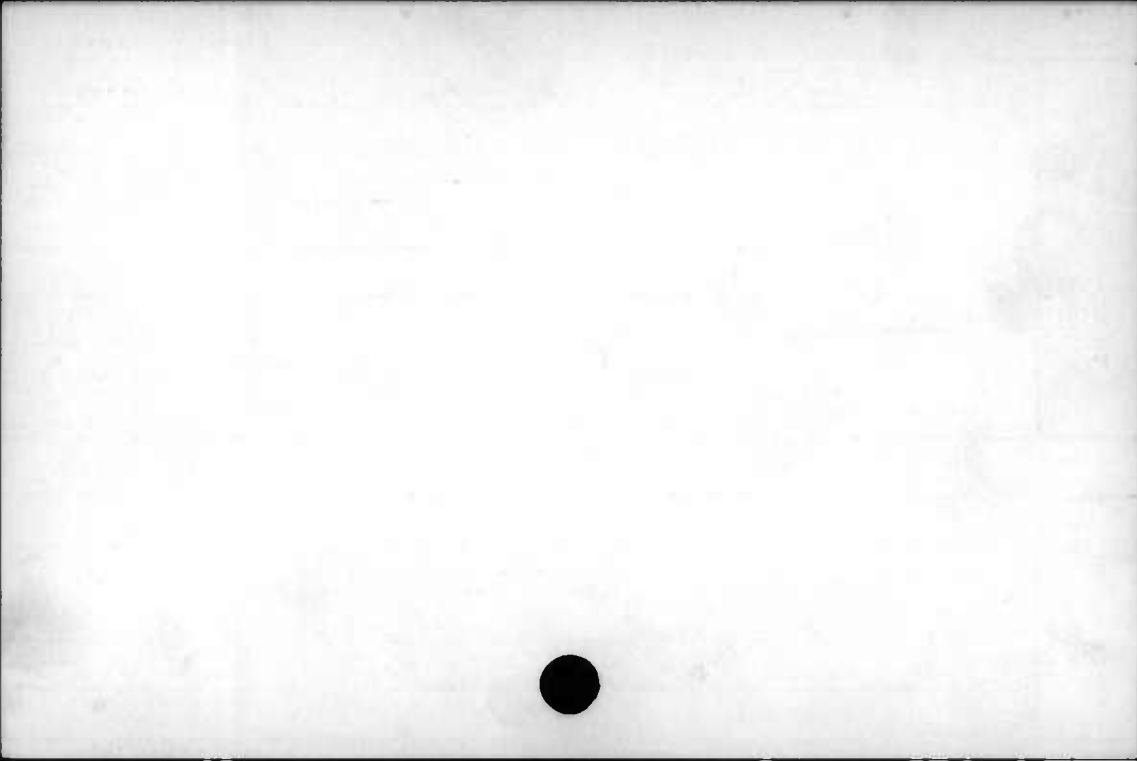
Died at <i>Gilmore</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>October</i>	Day <i>First</i>	Age <i>2</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Midland Md</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Alvin Daylon</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Kellie Gertrude Hardin</i>		Mother's Birthplace <i>Myersdale Pa</i>			
Name of person giving information <i>Alvin Daylon</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>3-Mo</i>
Immediate <i>Acute Nephritis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. Smith</i>
	Address <i>Midland Md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joanna Dealethausen*

Died at *Cumberland* Town *Allegheny* County

Date of death *1907* Month *Oct* Day *22* Age *74* Years Months *3* Days *3*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Lewis (Brad)*

Father's Name *Louis Dealethausen* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving information *Cynthia L. Finnan* How related to deceased *Daughter*

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *12 weeks*

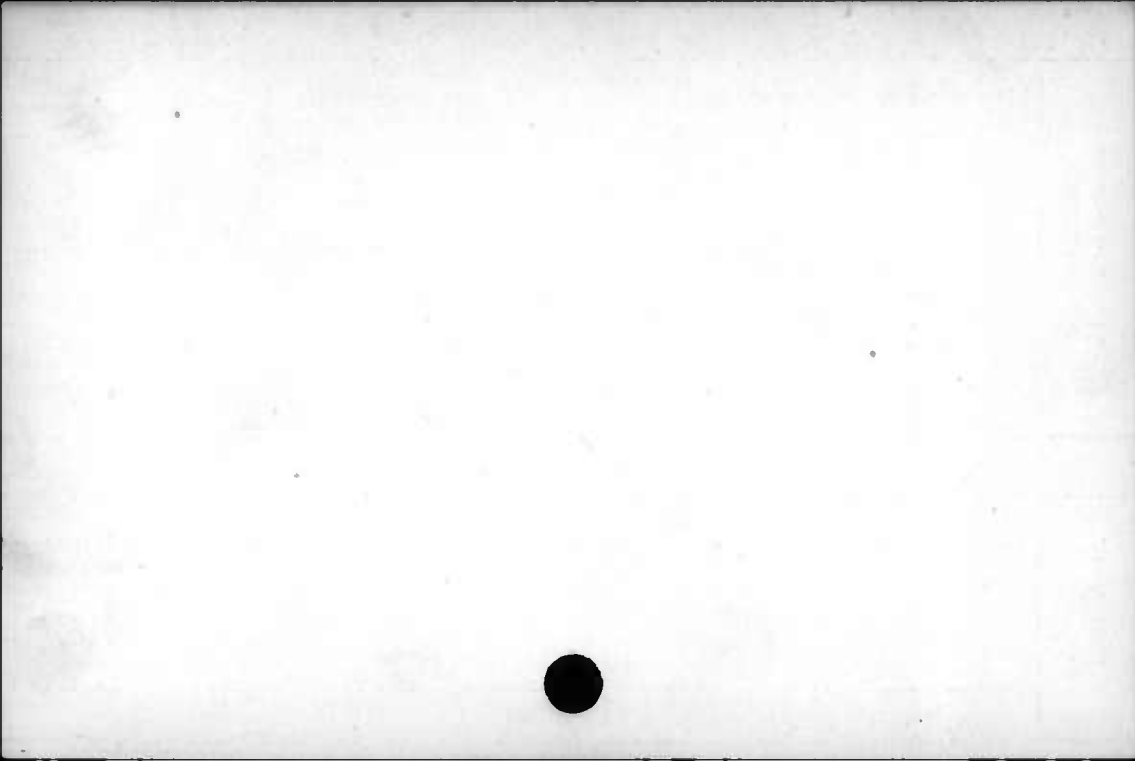
Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. L. Braden M.D.*

Address *Cumberland Md.*

Accident or Suicide? *N*



Name
in
Full

CERTIFICATE OF DEATH

Joseph Douglas

Town

County

MARYLAND

Died at

Lonaconing

Allegheny

Date

Month

Day

Years

Months

Days

of death

1907 Oct 20

Age

11

20

Sex

Male

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph Douglas

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Jennie McKeen

Mother's
Birthplace

Lonaconing

Name of person giving
In formation

Joe. Douglas

How related
to deceased

Father

CAUSES OF DEATH

(28)

Primary

Tubercular meningitis

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry Dr. Hodgson

Address

Lonaconing,

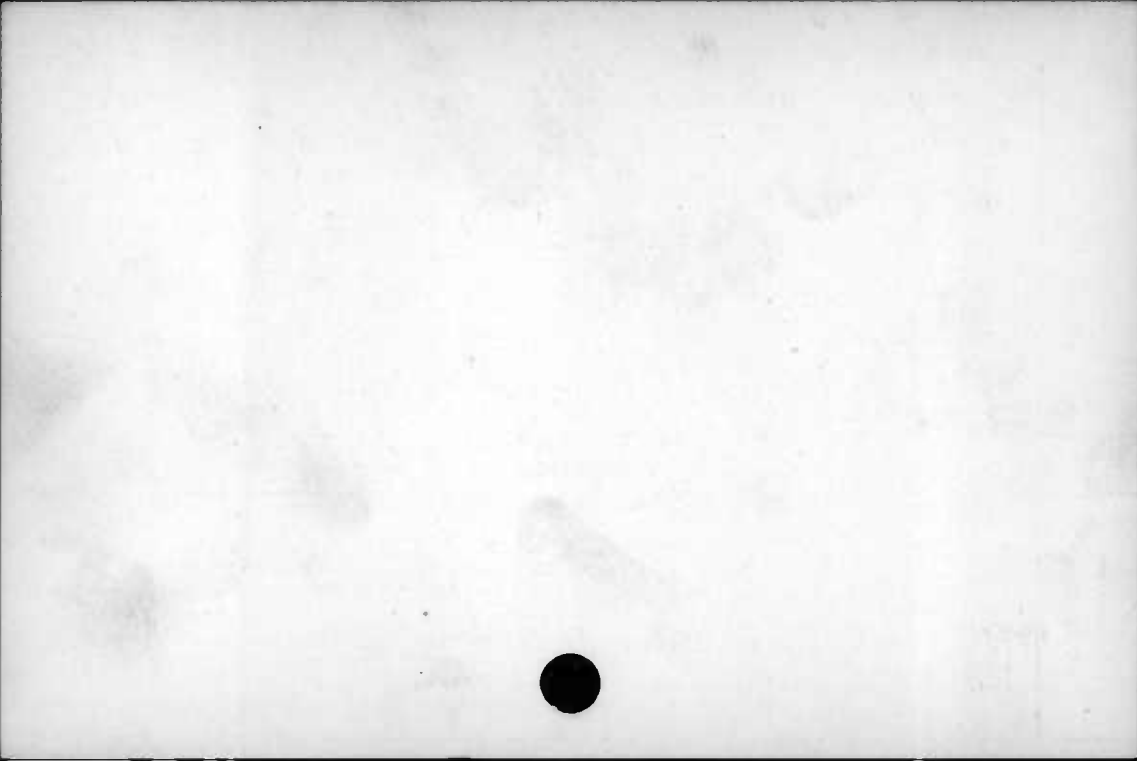
Accident or Suicide?

No

Ind.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Dryer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Crutcherland*

Town

County

Camery

MARYLAND

Date

of death *1907*

Month

Oct.

Day

27

Age

Years

5

Months

11

Days

15

Sex

*Female*Color or
Race*White*Birth-
place*Crutcherland*

Occupation

*none*Where Residing if not
at place of death*—*Married, Single
or Widowed*single*Name of Wife or
Husband*—*Father's
Name*William Dryer.*Father's
Birthplace*Crutcherland*Mother's
Maiden Name*Margarette Reymond*Mother's
Birthplace*Pekin Md.*Name of person giving
In formation*William Dryer*How related
to deceased*Father*

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days.

Immediate

& location

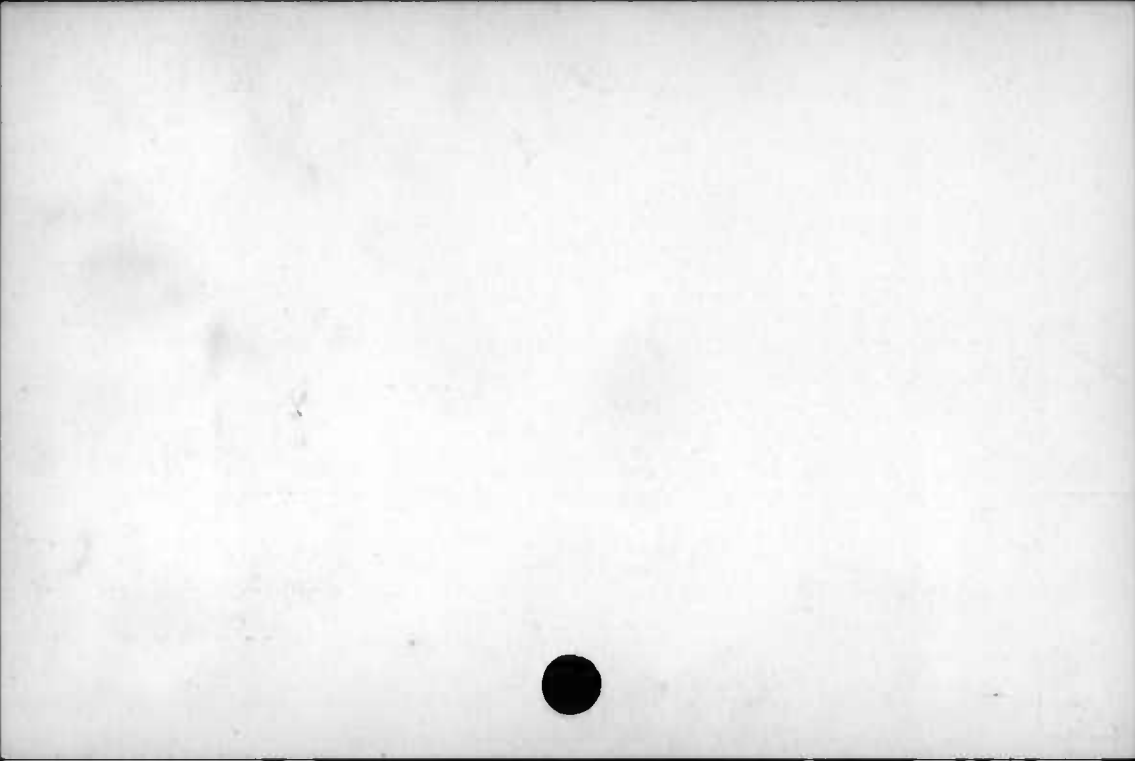
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. M. Brown*

Address

Crutcherland Md

Accident or Suicide?



Name
in
Full

(Stillborn Infants)

Edmondson

CERTIFICATE OF DEATH

Died at *Cumtulan* ^{Town}

County

Allegheny

MARYLAND

Date
of death *1907*

Month

Oct

Day

13

Age

Years

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Mo*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Samuel Edmondson*Father's
Birthplace*W Va*Mother's
Maiden Name*Addie Redmond*Mother's
Birthplace*W Va*Name of person giving
information*Mother*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

Stillborn

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

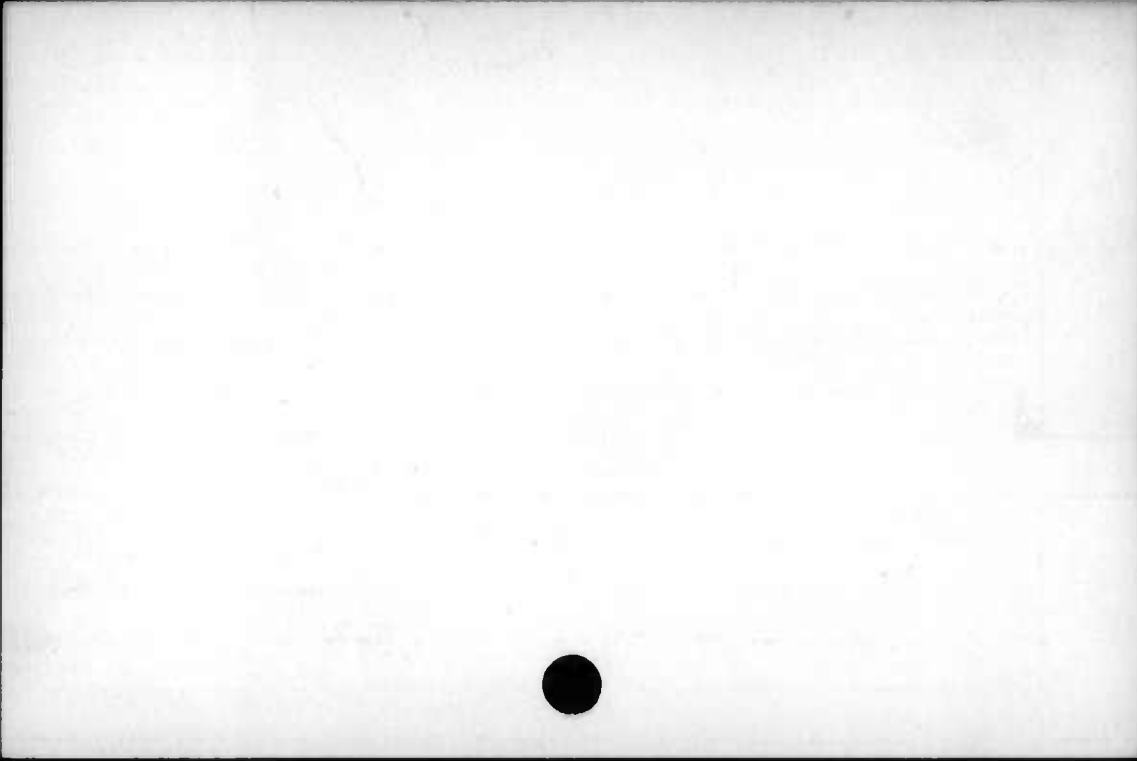
Address

W. L. Braden, Mo
Cumtulan
Mo

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

25



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob Fisher*

Town *Middlebrian* County *Allegheny*

Died at *Middlebrian* MARYLAND

Date of death 190 *Dec.* Month *12* Day *7* Age *76* Years Months *7* Days *2*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Mine* Where Residing if not at place of death *Middlebrian*

Married, Single or Widowed *Married* Name of Wife or Husband *Lustina Fisher*

Father's Name *George Fischer* Father's Birthplace *Germany*

Mother's Maiden Name *Lofie Born* Mother's Birthplace *Germany*

Name of person giving Information *George Fischer* How related to deceased *Grandfather*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bites Disease* How long *2 years*

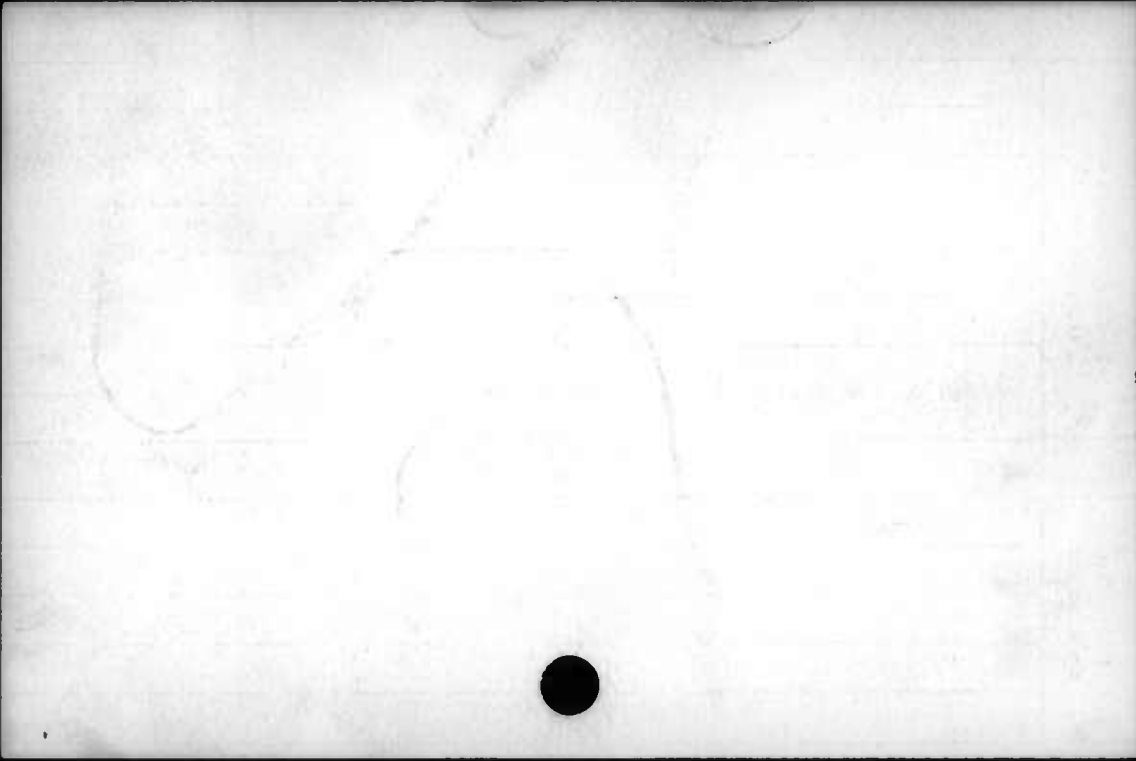
Immediate *Miners Asthma & heart failure* How long *1 year*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. F. D. Palmer*

Address *Middlebrian*

Accident or Suicide? *no*



Name
in
Full

John Frederick Forster Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

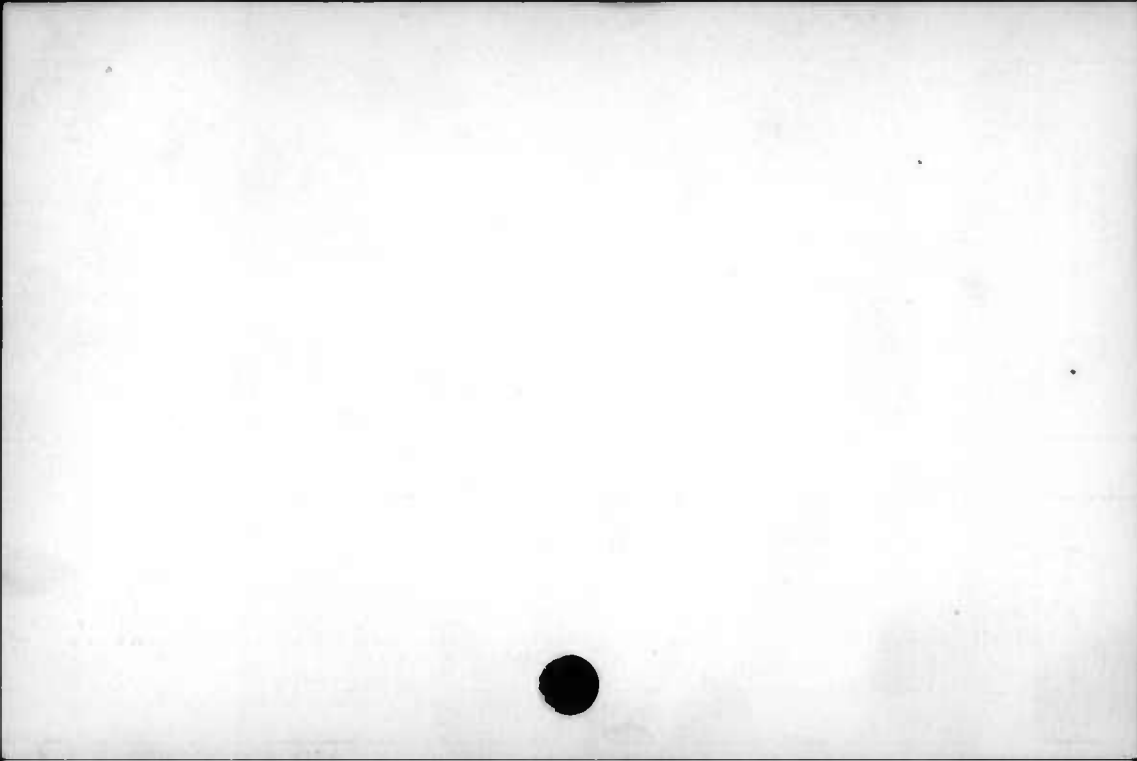
Died at Annapolis <small>Town</small>		Alle <small>County</small>		MARYLAND	
Date of death 1907	Month Oct	Day 3	Age —	Months 00	Days 21
Sex male		Color or Race white		Birth-place md	
Occupation none			Where Residing if not at place of death —		
Married, Single or Widowed single		Name of Wife or Husband none			
Father's Name John F. Forster			Father's Birthplace Germany		
Mother's Maiden Name Catherine Wrigand			Mother's Birthplace Germany		
Name of person giving information John F. Forster			How related to deceased Father		

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary In an infection	How long 2 weeks
Immediate Exhaustion	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Grace M.D.
	Address Annapolis
Accident or Suicide? no	— md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Phillips Froehlich

Died at *Cumberland*

Town

Allegheny

County

MARYLAND

Date of death *1907* *Oct* *28* Age *56* Months *7* Days *23*Sex *male* Color or Race *White* Birth-place *Germany*Occupation *Labour* Where Residing if not at place of death *-*Married, Single or Widowed *married* Name of Wife or Husband *Mary*Father's Name *Adam Froehlich* Father's Birthplace *Germany*Mother's Maiden Name *Elizabeth Fleiterer* Mother's Birthplace *Germany*Name of person giving information *Mary Froehlich* How related to deceased *Wife*

CAUSES OF DEATH

64

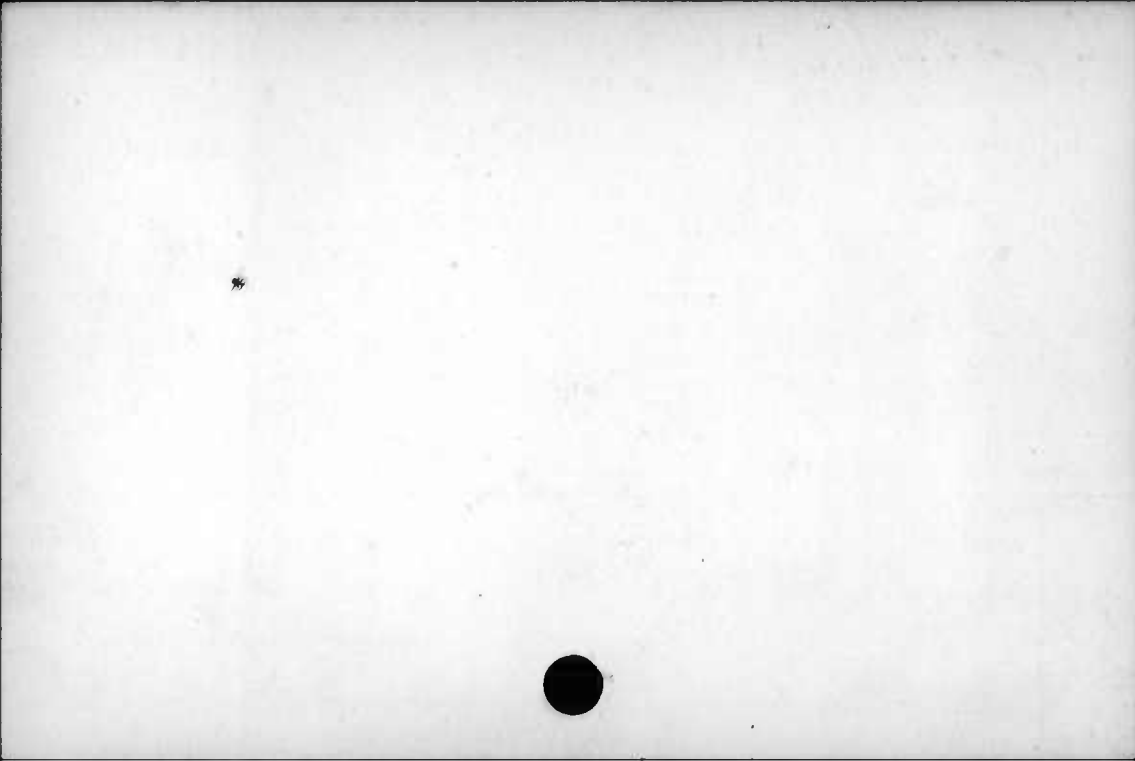
Primary *Apoplexy*How long *immediate*Immediate *" "*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Stein**J. H. Maury, Coroner*
Cumberland
Md

Accident or Suicide?



Name
in
Full

Edna Pearl Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oatmold Farm</i> <small>Town</small>			<i>Allegheny</i> <small>County</small>			MARYLAND		
Date of death <i>1907</i>		<i>Oct</i> <small>Month</small>		<i>24</i> <small>Day</small>		<i>8</i> <small>Years</small>		<i>11</i> <small>Months</small>
<i>Female</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>		<i>Garrett Co,</i> <small>Birth-place</small>				
<i>School</i> <small>Occupation</small>				<i>Where Residing if not at place of death</i>				
<i>Single</i> <small>Married, Single or Widowed</small>		<i>Single</i> <small>Name of Wife or Husband</small>						
<i>Robert L. Green</i> <small>Father's Name</small>				<i>Sonaconing</i> <small>Father's Birthplace</small>				
<i>Louise Beaman</i> <small>Mother's Maiden Name</small>				<i>Sonaconing</i> <small>Mother's Birthplace</small>				
<i>Robert L. Green</i> <small>Name of person giving information</small>				<i>Father</i> <small>How related to deceased</small>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<i>Diphtheria</i> <small>Primary</small>		<i>9</i> <small>How long</small>	
		<i>6 days</i> <small>How long</small>	
<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>Jas. O. Bullock M.D.</i> <small>Signature of Physician</small>	
		<i>Sonaconing, Maryland</i> <small>Address</small>	
<i>no</i> <small>Accident or Suicide?</small>		<i>OVER</i>	

This child was not seen by a
physician till after death -
- diagnosis confirmed by another
member of family taking dissection
on day this child died, as well
as by history as given by family -
J. O. B.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

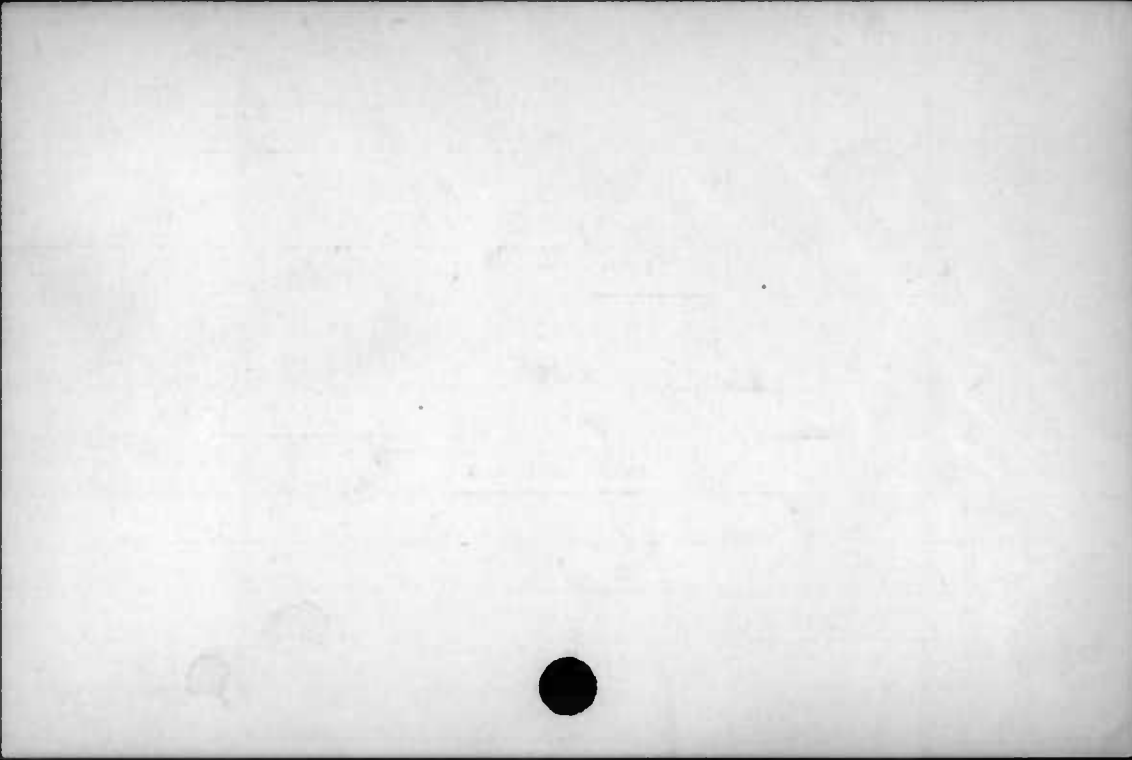
Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Date of death <i>190</i>		Month <i>Oct</i>	Day <i>2</i>	Age <i>36</i>		Months <i>5</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth- place <i>Accident Md</i>			
Occupation <i>Springer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob Hartig</i>					
Father's Name <i>Henry Binkan</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Eliza Miller</i>		Mother's Birthplace <i>Care. Md</i>					
Name of person giving In formation <i>Jacob Hartig</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Bright's disease</i>		How long	<i>Don't know</i>
Immediate	<i>Heart failure</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician <i>J. Clever</i>		Address <i>Frostburg Md</i>		
Accident or Suicide? <i>No</i>				



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Hendra

Town

County

MARYLAND

Died at Louisa

Allegany

Date of death 1907 Oct

Month

Day

29

Age 74

Years

Months

4

Days

24

Sex

Female

Color or
Race

White

Birth-
place

England

Occupation

Invalid

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Christopher Hendra

Father's
Name

William Brown

Father's
Birthplace

England

Mother's
Maiden Name

Mary Davy

Mother's
Birthplace

England

Name of person giving
Information

Mrs Eliza Nelson

How related
to deceased

Daughter

CAUSES OF DEATH

64

✓

Primary

Cerebral Hemorrhage

How long

2 years ago

Immediate

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry W. Hodges M.D.
Louisa, Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

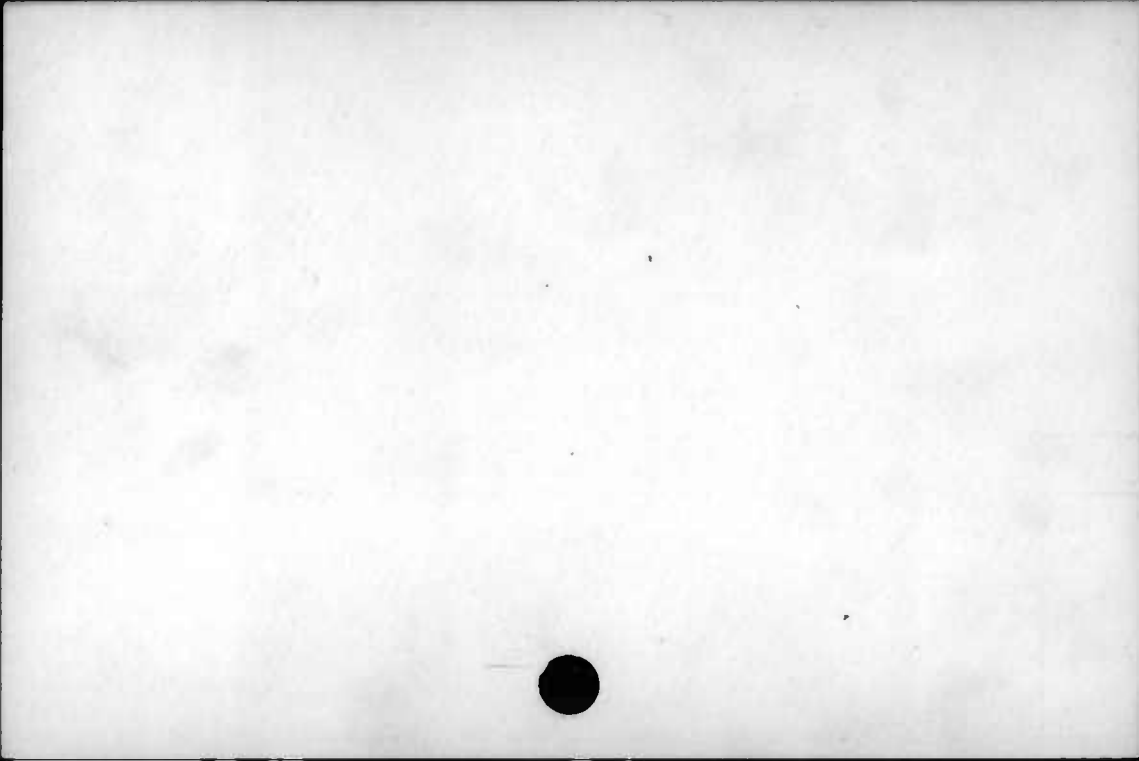
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		10	12	57		2	
Sex	Male	Color or Race	White		Birth-place		
Occupation	Teacher		Where Residing if not at place of death		Frostburg, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband		Dora Hickzumbach		
Father's Name	John W. Hickzumbach				Father's Birthplace	Ohio	
Mother's Maiden Name	Lester Coleman				Mother's Birthplace	Unknown	
Name of person giving information	Thos. F. Hickzumbach				How related to deceased	Bro.	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Injured in driving accident		How long	
Immediate	Shock		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. C. Coby
			Address	Frostburg, Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

76 Park St

Name
in
Full

Catharine Emma Householder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

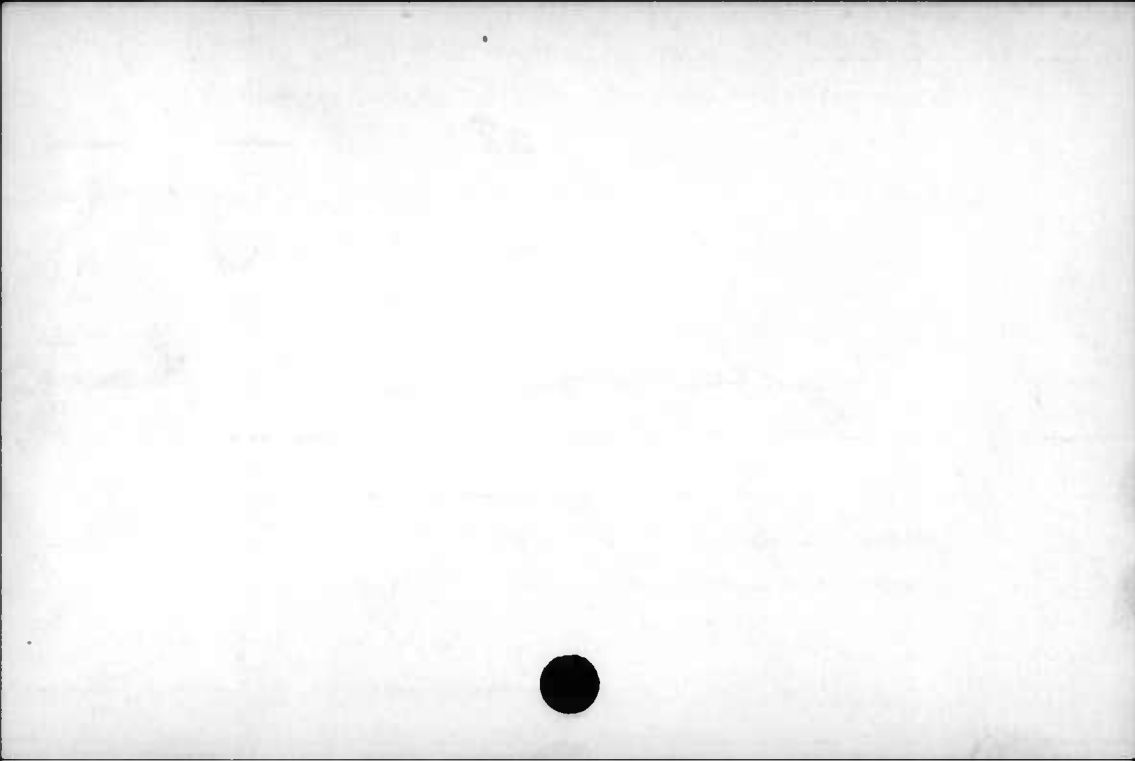
Died at <i>Cumtland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>29</i>	Age <i>7</i> ^{Years}	Months <i>4</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard E Householder</i>			Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Emma C Reeder</i>			Mother's Birthplace <i>Ohio</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Broadup M.D.</i>	
		Address <i>Cumtland Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles A Howser* County *Cumberland* *Allegany* MARYLAND

Died at *Cumberland* *Allegany*

Date of death *1907* *Oct* *15* Age *38* Months *—* Days *—*

Sex *male* Color or Race *White* Birth-place *Newtown*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *No* Name of Wife or Husband *—*

Father's Name *Newtown* Father's Birthplace *Newtown*

Mother's Maiden Name *Newtown* Mother's Birthplace *Newtown*

Name of person giving information *See Notice* How related to deceased *No*

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary Cause *Insanity, refused to eat* How long *2 weeks*

Immediate Cause *Bronchitis & Pneumonia* How long *11*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Fanning*

Address *Cumberland, Md.*

Accident or Suicide? *—*



Name
in
Full

Earl McCarty Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Rawlins Station* *Allegheny*

Town

County

MARYLAND

Date

of death

1907 10

Month

Day

29

Age

Years

18

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Munroe Co W Va

Occupation

Car-Repairer

Where Residing if not
at place of death

Keyser W Va

Married, Single,
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm S Johnston

Father's
Birthplace

Grant Co W Va

Mother's
Maiden Name

Mary A Nettles

Mother's
Birthplace

Grant Co W Va

Name of person giving
information

H. A. Johnston

How related
to deceased

Brother

Accident

CAUSES OF DEATH

Primary

Killed on B & O RR (166)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Machy
Crimineland
W Va

Accident or Suicide?

Gr. Kelley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Christopher Koegele

Town

County

Died at

Lanuda

Allingay

MARYLAND

Date

of death 1907

Month

Oct.

Day

14

Age

Years

—

Months

—

Days

one.

Sex

Male

Color or
Race

White

Birth-
place

Lanuda.

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Christopher Koegele

Father's
Birthplace

Lanuda.

Mother's
Maiden Name

Mannie Seiss

Mother's
Birthplace

Frederick

Name of person giving
information

Christopher Koegele

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long

7 wks

Immediate

11

11

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Harris

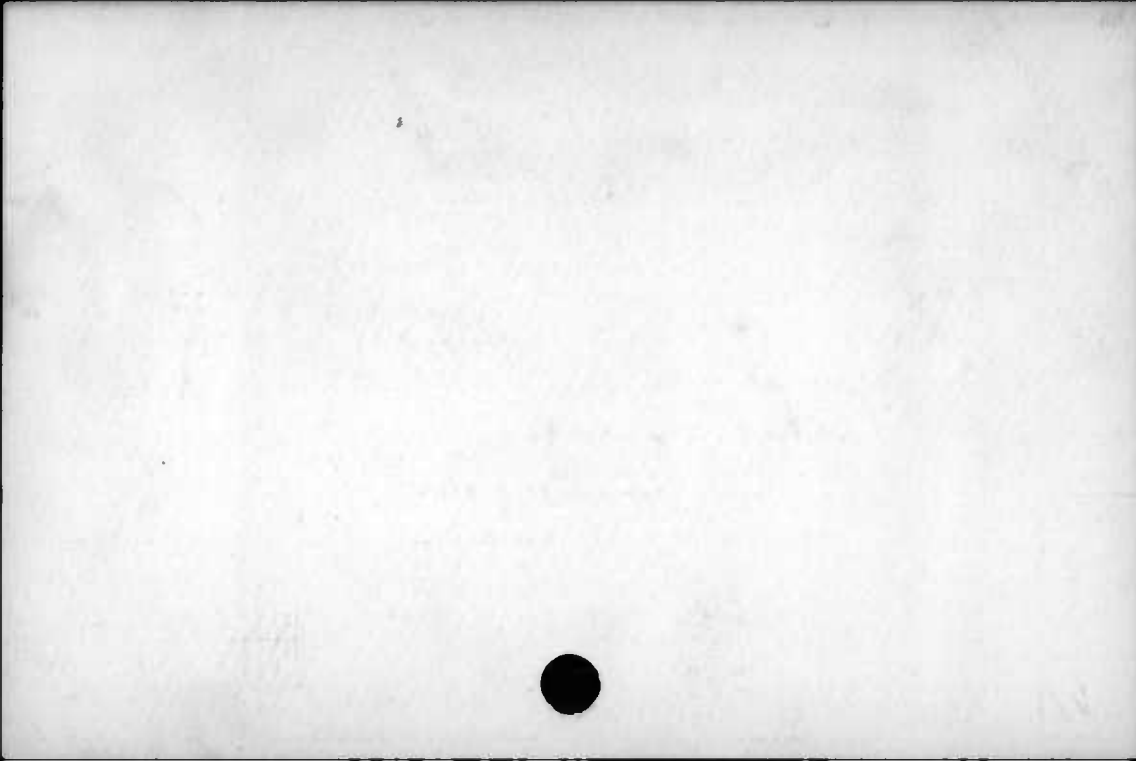
Address

Cecil, Maryland

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Christianus Korn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>22</i>		Age <i>84</i>		Months <i>7</i> Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>" " "</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry Korn</i>							
Father's Name <i>Jacob Shuck</i>				Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>XXX Shuck</i>				Mother's Birthplace <i>Cumberland</i>					
Name of person giving information <i>William Korn</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Atheroma</i>		How long <i>Several years</i>	
Immediate <i>2nd attack of Paraplegia</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Harris</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide?			

Dr. Harris

Name
in
Full

Gertrude E Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

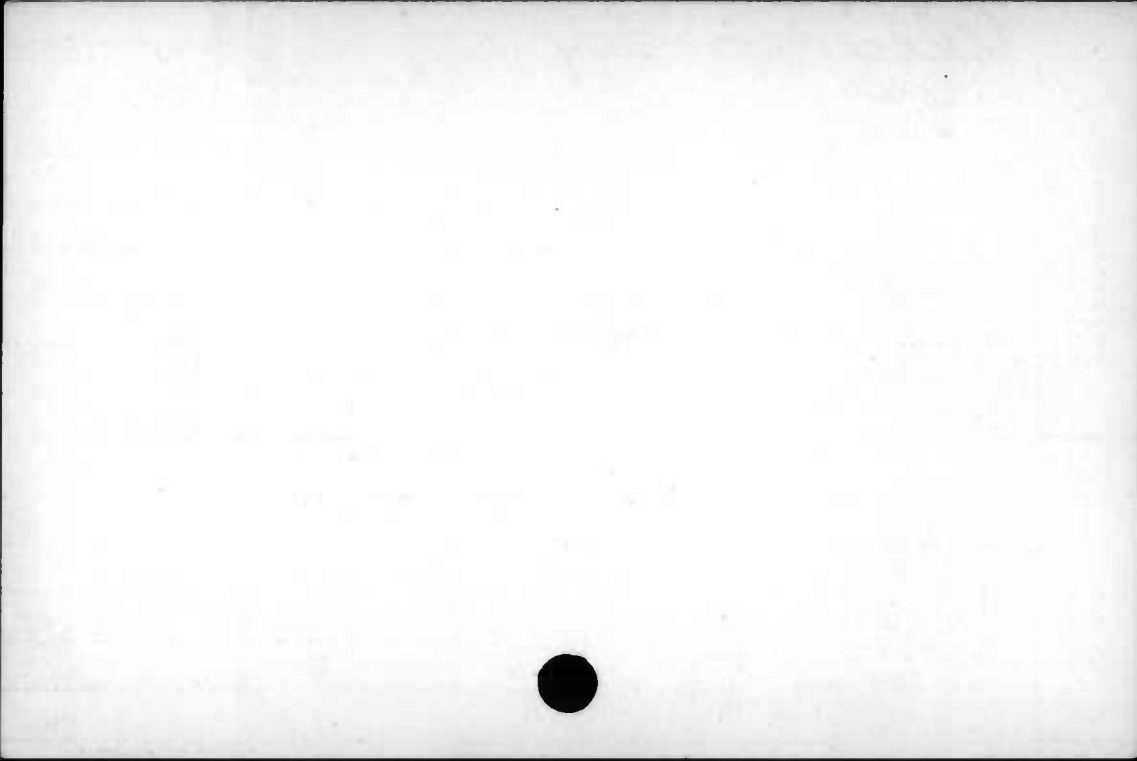
Died at <i>Harrows Park</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harrows Park</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>R W Long</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Sarah E Barr</i>				Mother's Birthplace <i>W. Va</i>			
Name of person giving information <i>R W Long</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

(137)

PHYSICIAN
OR CORONER

Primary <i>Permalone</i>	How long <i>3 months</i>
Immediate <i>Thrombus & heart failure</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. H. Jackson</i>
<i>Steen</i>	Address <i>Chilberland Md</i>
Accident or Suicide?	



Name
in
Full

Alice Lowery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

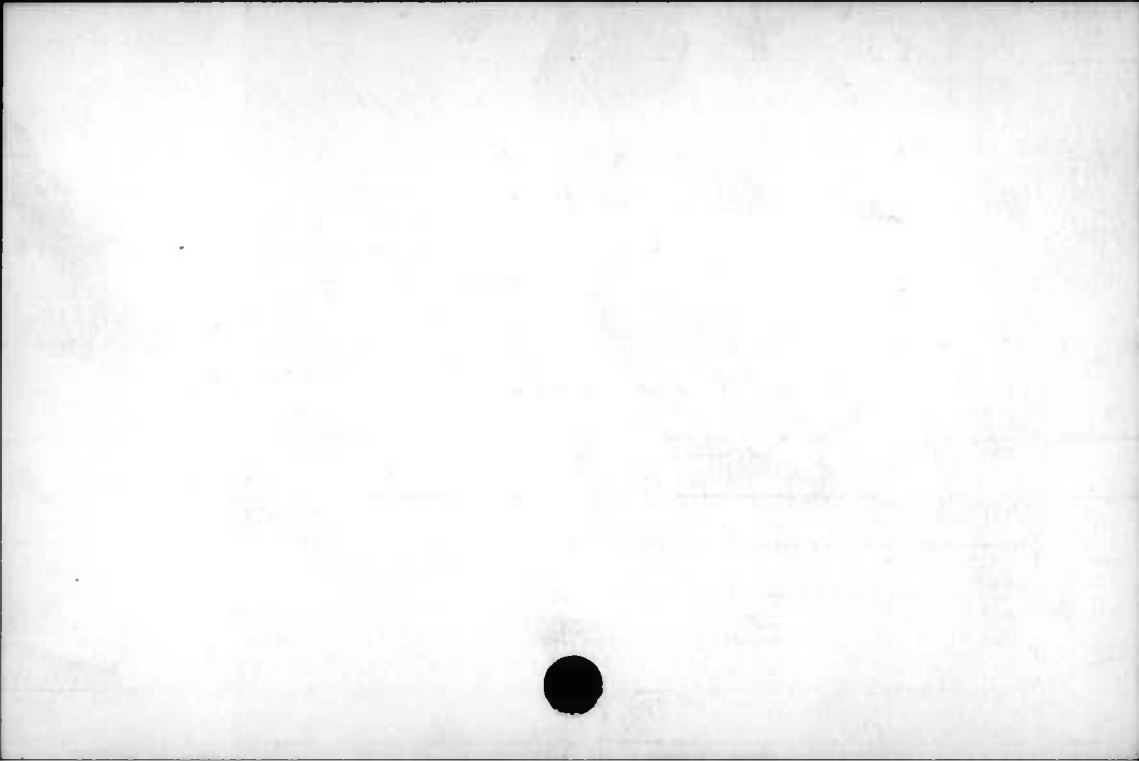
Died at <i>Cumby</i> Town <i>md</i> County <i>allseyghany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>31</i>	Age <i>45</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Coopers Mills</i>	
Occupation <i>House Cook</i>	Where Residing if not at place of death <i>Cumbyland md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Jessie C Lowery</i>	Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Richard Bennett</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>J. J. Lowery</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 years</i>
Immediate <i>Tubercular peritonitis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Obolusion</i>
	Address <i>A. H. Hawthorne</i>
	<i>Cumbyland md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Malloy</i> Town <i>Brookings</i> County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>12</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Brookings Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John T Malloy</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Hardy</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John T Malloy</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillbirth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F Alan S. Mumford</i>
	Address <i>Brookings Md</i>
Accident or Suicide?	



Name
in
Full

Nannie Mansbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

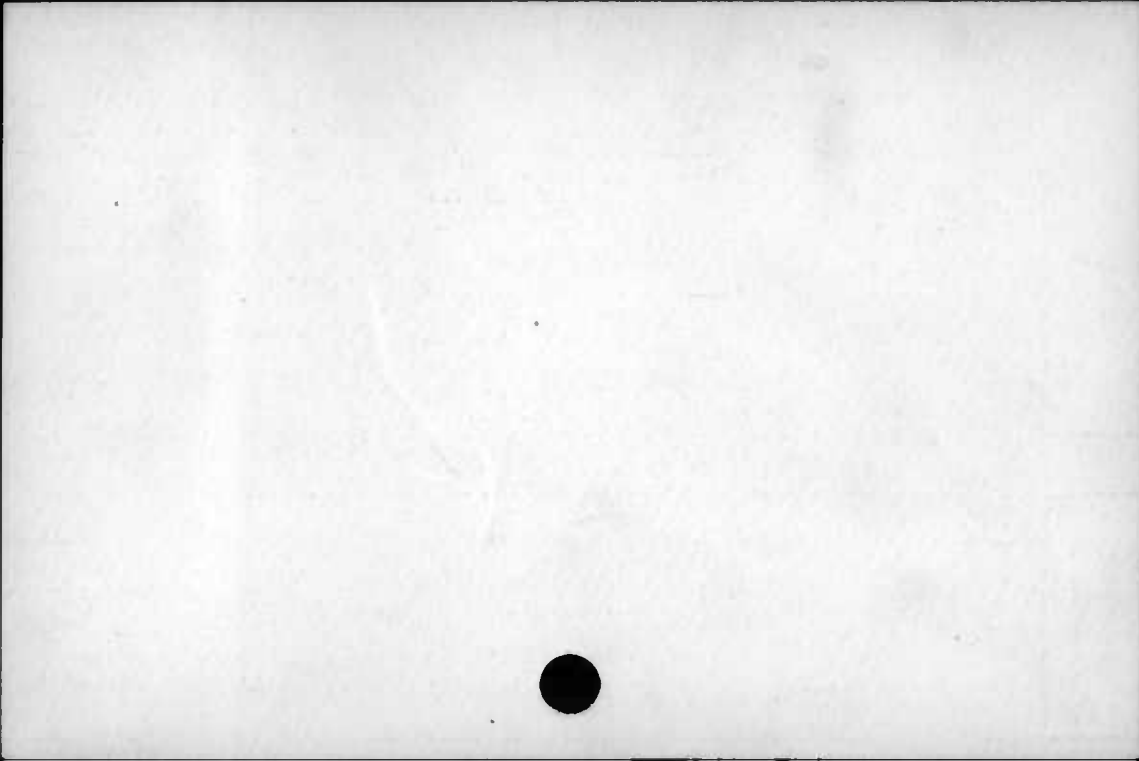
Died at <u>Cumberland</u>		Town <u>Allegany</u>		County	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>11</u>	Age <u>61</u>	Years <u>10</u>	Months <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>H. H. Mansbach</u>				
Father's Name <u>Samuel Hirsch</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Bettie Lowenstein</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>H. H. Mansbach</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <u>Oedema of Lungs</u>	How long <u>1/2 hours</u>
Immediate <u>Emphysema</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Thos. H. Trainor</u>
<u>Louis Green</u>	Address <u>Baltimore Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Matt
Town

County

MARYLAND

Died at *Camden*

Allegany

Date

of death 1907

Month

Oct.

Day

29

Age

Years

72

Months

8

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Shoe Maker

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Caroline

Father's
Name

Peter Matt

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
In formation

Caroline Matt

How related
to deceased

Wife

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

3

Immediate

Exhaustion

How long

2

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. J. Jackson

Address

Jefferson

Stein.

Accident or Suicide?



Name
in
Full

Violet Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

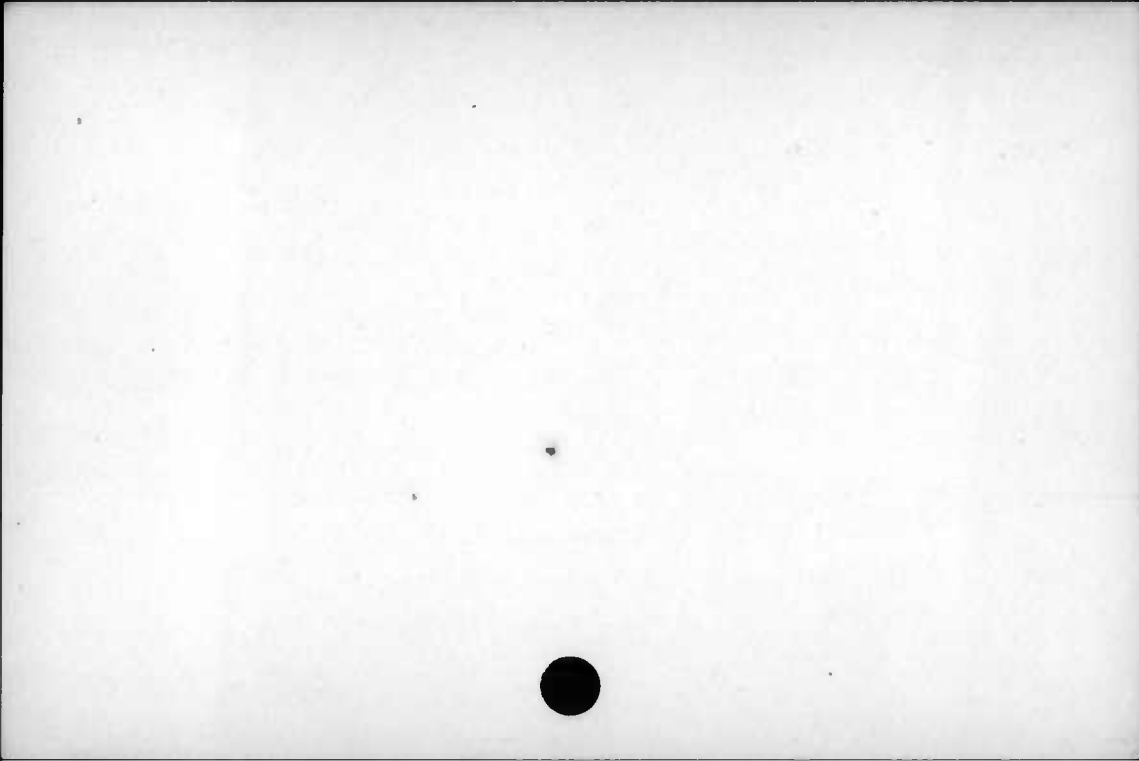
Died at <i>Lonaconing</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>6</i>		Age <i>—</i>		Years <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Months <i>11</i>		Days <i>6</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Peter Matthews</i>				Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Violet Bothwell</i>				Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Peter Matthews</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>		How long	<i>3 weeks</i>
Immediate	<i>asphyxia, Asthenia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Henry M Hodgson</i>	
			Address <i>Lonaconing Md.</i>	
Accident or Suicide?		<i>No.</i>		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Howard Metz* Town _____ County _____
Died at *Cum*
Date of death *1907* Month *Oct* Day *31* Age *4* Years *5* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *Thomas A Metz* Father's Birthplace *Ind*
Mother's Maiden Name *Doratha Howard* Mother's Birthplace *Ind*
Name of person giving information *Thomas A Metz* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Lobar Pneumonia* How long *48 hrs*
Immediate *Cerebral Meningitis* How long *12 hrs.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

see fun

8 30

in
Full

CERTIFICATE OF DEATH

Elizabeth Moses

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eckhart Mines ^{Town}		Allegany ^{County}		MARYLAND	
Date of death 1907 ^{Month} Oct ^{Day} 27		Age — ^{Years}		Months — Days 6	
Sex Female		Color or Race White		Birth-place Eckhart Mines	
Occupation —		Where Residing if not at place of death Eckhart Mines			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Floyd Moses		Father's Birthplace Virginia			
Mother's Maiden Name Clara Duffy		Mother's Birthplace Eckhart			
Name of person giving information Floyd Moses		How related to deceased Father			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Cardiac insufficiency	How long	since birth
Immediate	Marutition	How long	" "
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr C Holdsworth	
		Address Eckhart Mines Md	
Accident or Suicide? —			

St. Michaels Comm.

Town

Hafer

Name
in
Full

Effie Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> Town			<u>Alleghany</u> County			MARYLAND						
Date of death	1907	Month	Oct	Day	16	Age	Years	20	Months	10	Days	—
Sex	Female			Color or Race	White			Birth-place				
Occupation	Domestic			Where Residing if not at place of death			Western Md Hospital					
Married, Single or Widowed	Single			Name of Wife or Husband			None					
Father's Name	George Myers.						Father's Birthplace	Pa.				
Mother's Maiden Name	Ida Brisinger						Mother's Birthplace	Pa.				
Name of person giving information	George Myers						How related to deceased	Father's				

CAUSES OF DEATH

11

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>6 weeks</u>
Immediate	<u>Hemorrhage</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>E. D. Duke</u>	
Address		<u>Cumtland Md</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Bartley Nec-* Town *Timberland* County *Alleghany* MARYLAND

Died at *Timberland*

Date of death 190 *7* Month *10* Day *10* Age *30* Years Months Days

Sex *Male* Color or Race *White* Birth place *Timberland*

Occupation *Rail Roader* Where Residing if not at place of death *" " " "*

Married, Single or Widowed *Single* Name of Wife or Husband *Nora*

Father's Name *Bartley Nec.* Father's Birthplace *Firehouse*

Mother's Maiden Name *Nora Higgins* Mother's Birthplace *" " " "*

Name of person giving information *Nora Higgins* How related to deceased *Mother*

CAUSES OF DEATH

(156)

PHYSICIAN
OR CORONER

Primary *Alcoholism* How long

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Maib*

Address *Timberland Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death 190

Town

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

How long

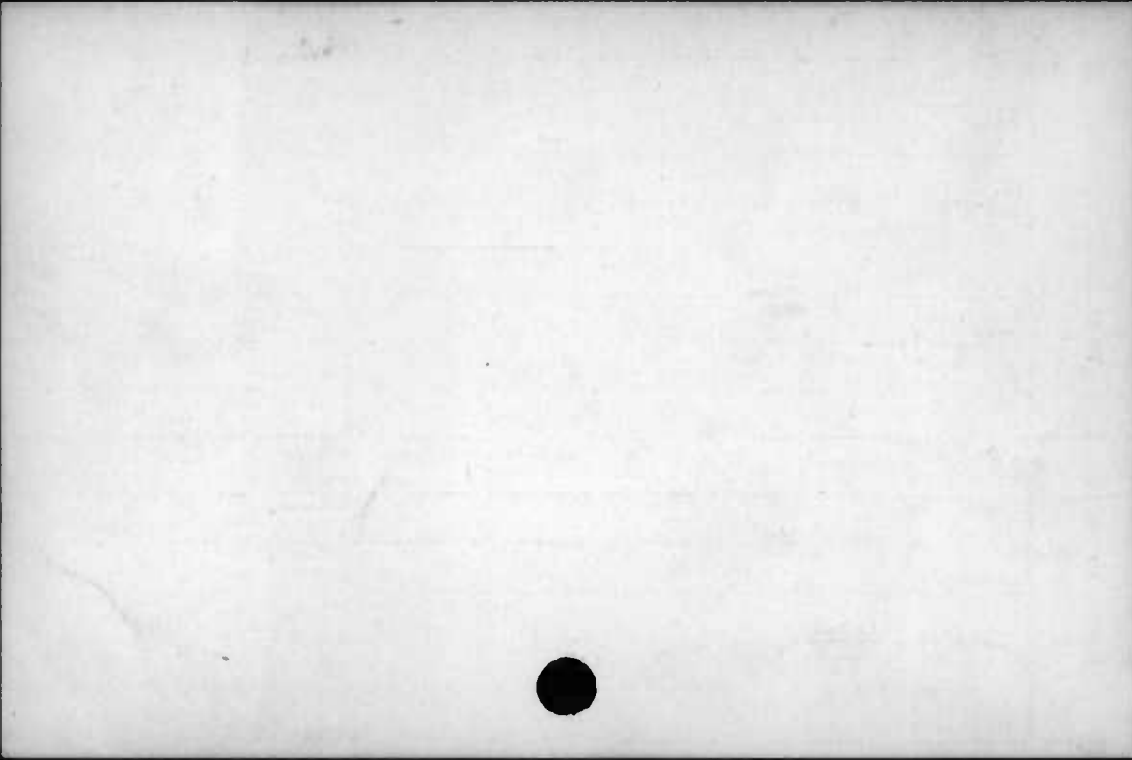
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
In
Full

Mrs Ella Art

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frostburg</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	10	Day	22
Age		Years	65	Months	7
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa</i>
Occupation	<i>H. W</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of ^{Wife or} Husband	<i>John Art Sr.</i>		
Father's Name	<i>Adam Whitehead</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Ella Whitehead</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>John Art Jr</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy,</i>	How long	<i>8 days</i>
Immediate	<i>7</i>	How long	<i>6 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. M. Brice</i>	
		Address	
		<i>Frostburg Md</i>	
Accident or Suicide?			

Olley C
Hafner

Name
in
Full

Baby Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Louis ^{Town} St. Louis ^{County} Missouri ^{MARYLAND}

Date of death 190 7 ^{Month} 10 ^{Day} 2 ^{Age} 3 1/2 ^{Years} 7 ^{Months} 7 ^{Days}

Sex female Color or Race white Birth-place Kearney

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Parks Father's Birthplace Ind

Mother's Maiden Name Ellen Kelly Mother's Birthplace Ind

Name of person giving information John Parks How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum 4 How long 2 wks.

Immediate _____ How long 2 wks.

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician J. S. Greer

Address Franklin

Accident or Suicide? ☐

Hayes
Call

Name
in
Full

David Francis Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

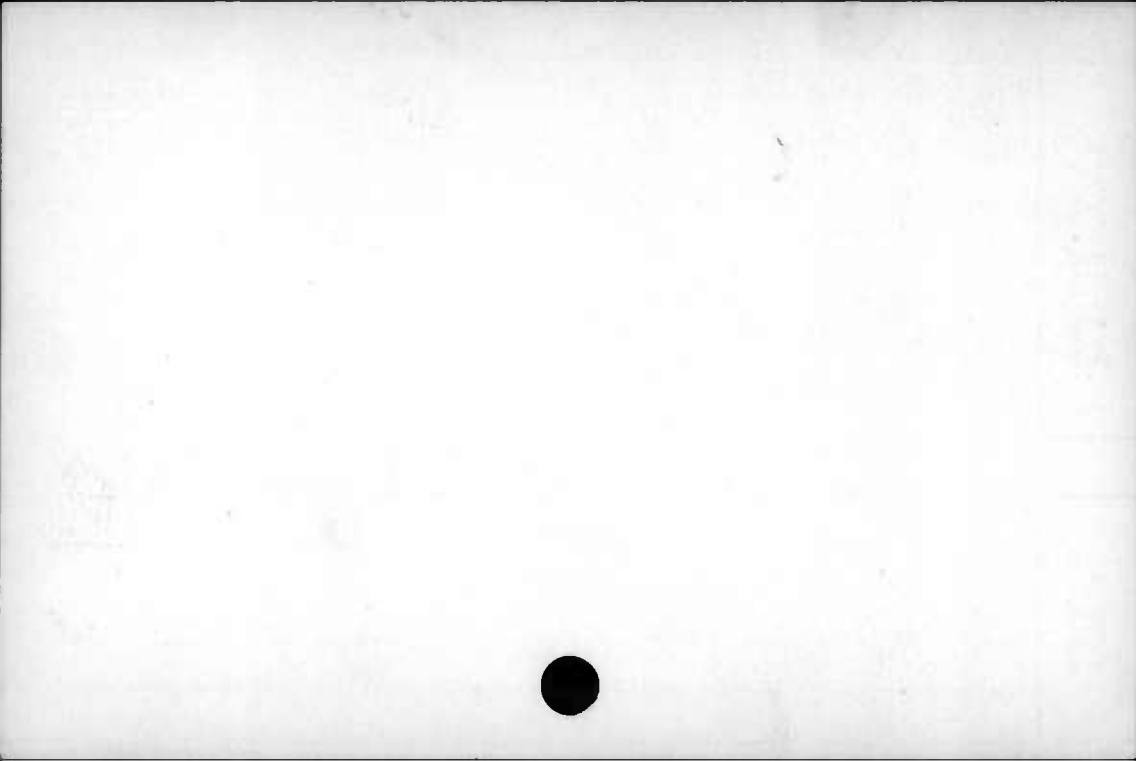
Died at <u>50 Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Feb</u> ^{Month}	<u>2</u> ^{Day}	Age <u> </u> ^{Years}	<u>3</u> ^{Months}	<u>23</u> ^{Days}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Wash. D.C.</u>	
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Paul A Powell</u>		Father's Birthplace <u>Chicago Ill</u>			
Mother's Maiden Name <u>Sarah A. Brown</u>		Mother's Birthplace <u>Chicago Ill</u>			
Name of person giving information <u>Deather</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Indigestion</u>	How long <u>1 mo</u>
Immediate <u>Memphis & Charleston</u>	How long <u>2 wk</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. L. Broadbent</u>
<u>No</u>	Address <u>Cumberland Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Price

Stillborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

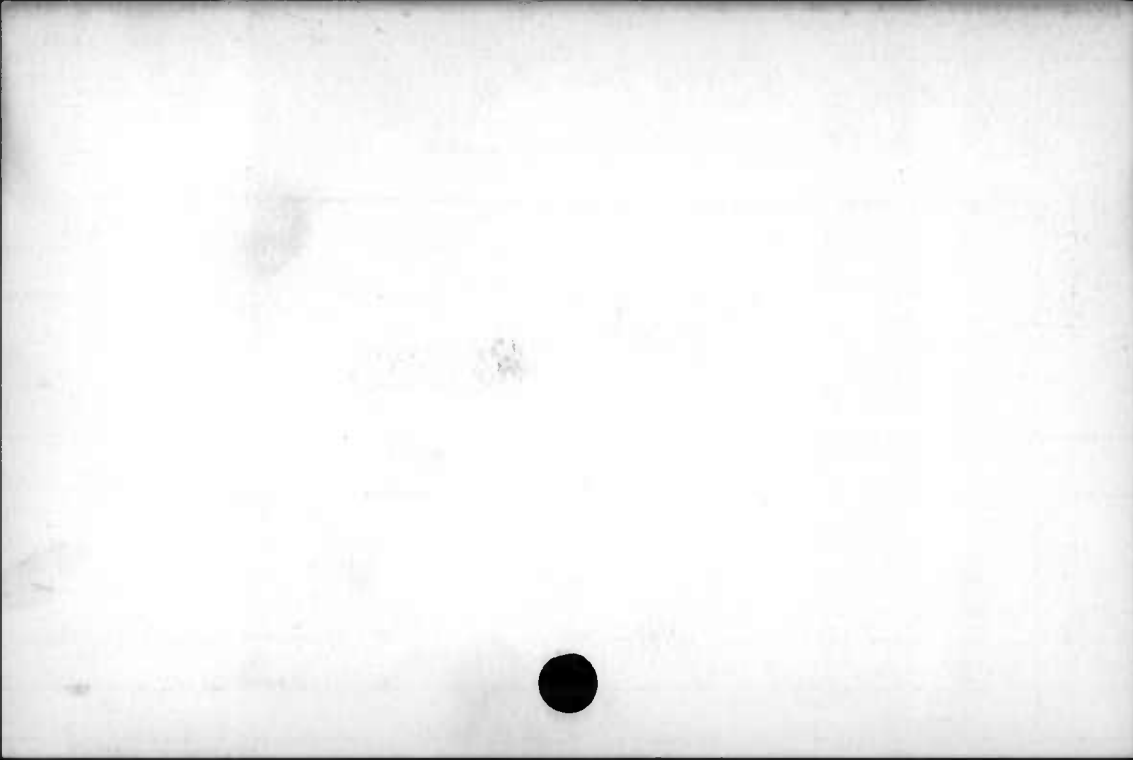
Died at <i>Cumtland</i>		Town		County		MARYLAND	
Date of death	1907	Month	Oct	Day	27	Age	Years
Sex	Male	Color or Race	White	Birth-place	Ind	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Stillborn

PHYSICIAN
OR CORONER

Primary	<i>Placental Hemorrhage</i>	How long	<i>Probably 1 week</i>
Immediate	<i>embolism</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>W. H. Broadhurst</i>	
		Address	
		<i>Cumtland</i>	
Accident or Suicide?			
No		<i>M. D.</i>	



Name
in
Full

Flora Robey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

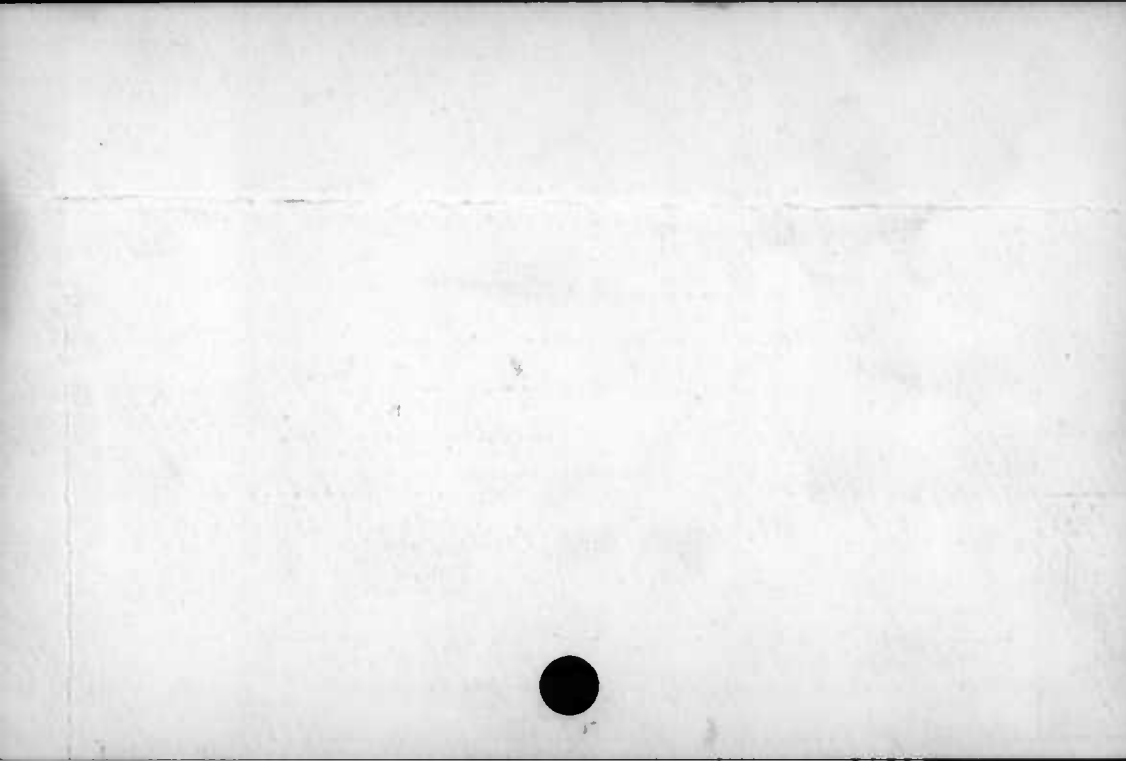
Died at		Town Orleans		County Allegany		MARYLAND	
Date of death		1907	Month Oct.	Day 7 th	Age 66	Months 5	Days 19
Sex Woman		Color or Race white		Birth-place Sleepy Creek			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Johna Robey					
Father's Name Adam Geiglar		Father's Birthplace Germany					
Mother's Maiden Name Elizabeth Geiglar		Mother's Birthplace "					
Name of person giving information Annie Robey		How related to deceased Daughter					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility	How long	
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. E. Gable	
		Address Hancock, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

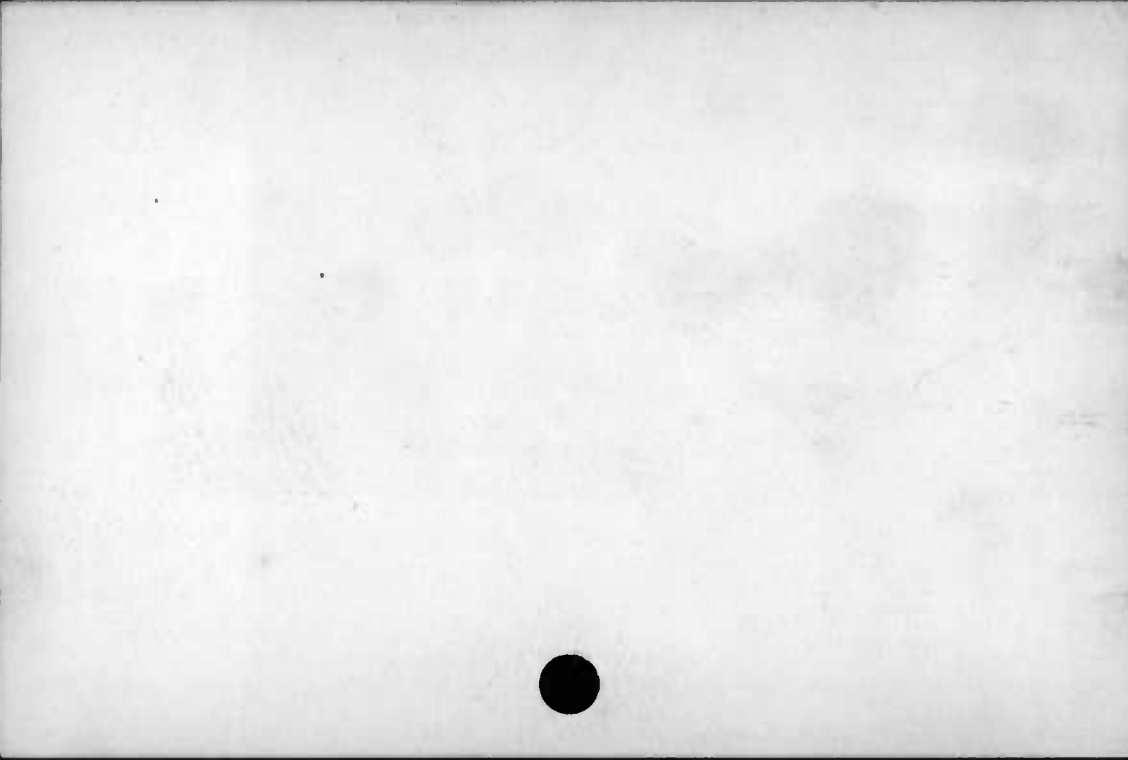
Name in Full <i>John Rogan</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Oct.</i>		Day <i>24</i>		Age <i>60</i>	
Date of death <i>1907</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>" " "</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Frank Rogan</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Coronary of Striaet</i>		How long <i>1 yr.</i>	
Immediate <i>Exhaustion Striations</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. D. L. L. L.</i>	
<i>Steen</i>		Address <i>Cumberland Md.</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frederick Rufopenkamp.

Town

County

Died at *Seas Bunked*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

05

2

Age

74

6

-

Sex

*male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Amie - Ruppenkamp*Father's
Name*Do not know*Father's
Birthplace*Do not know*Mother's
Maiden Name*Do not know*Mother's
Birthplace*" " "*Name of person giving
In formation*J. F. Ruppenkamp*How related
to deceased*Son.*

CAUSES OF DEATH

Primary

*Disease**66*

How long

2 yrs.

Immediate

3 hrs train

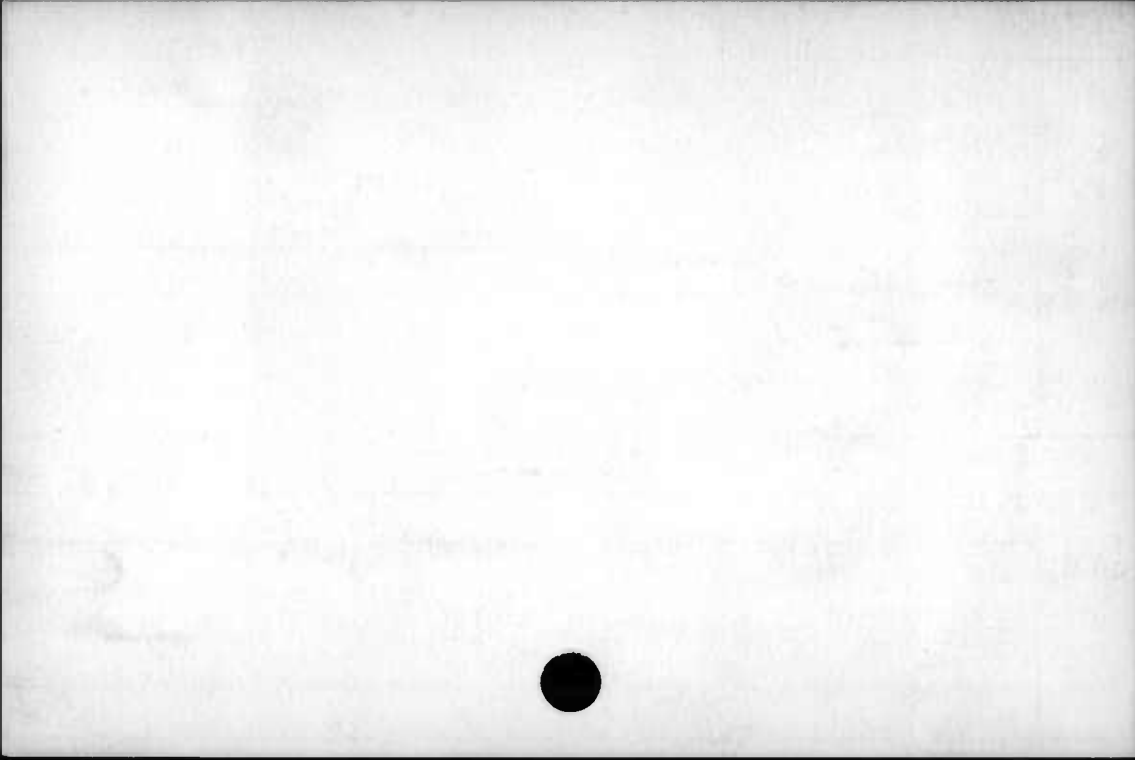
How long

*month*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*J. W. Jackson*

Address

Foghtman

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

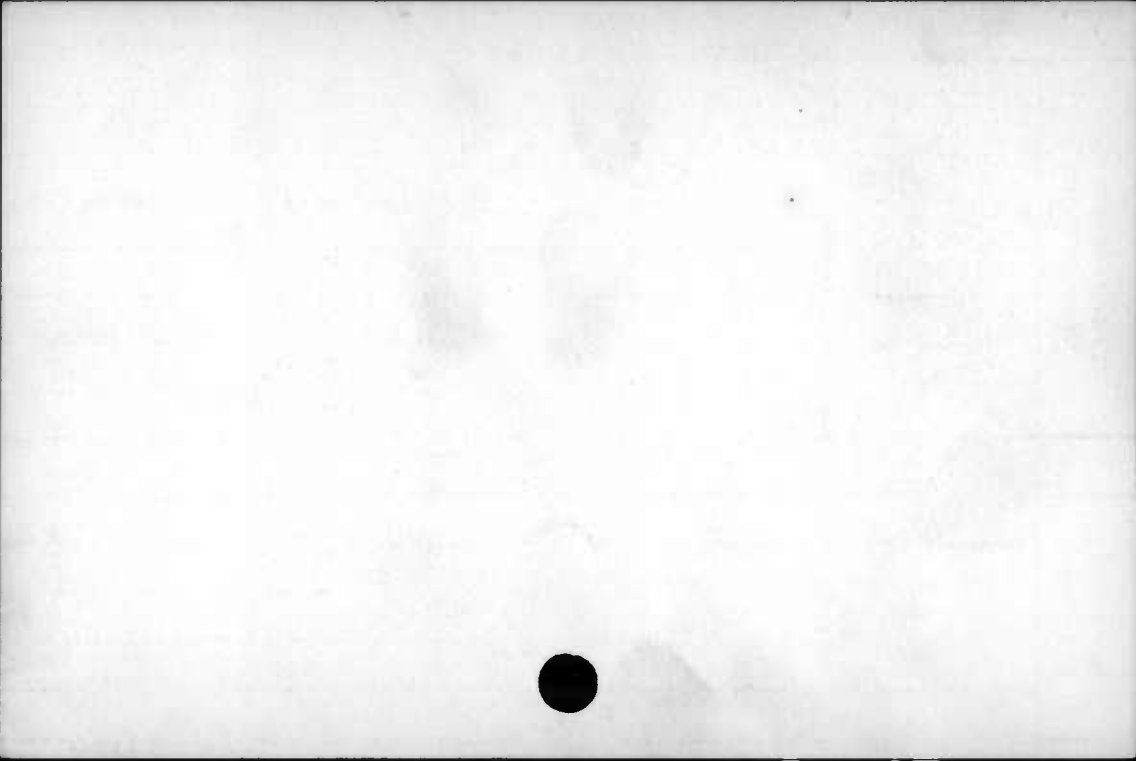
Name <i>Nannie R. Ruppert</i>		Town <i>Cumtula</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Month <i>Oct.</i>	Day <i>3</i>	Age <i>33</i>	Years <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Ruppert</i>	
Father's Name <i>Robert C. Johnston</i>		Father's Birthplace <i>Dnt. Know.</i>		Mother's Maiden Name <i>Rebecca Snyder</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Geo. W. Ruppert</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

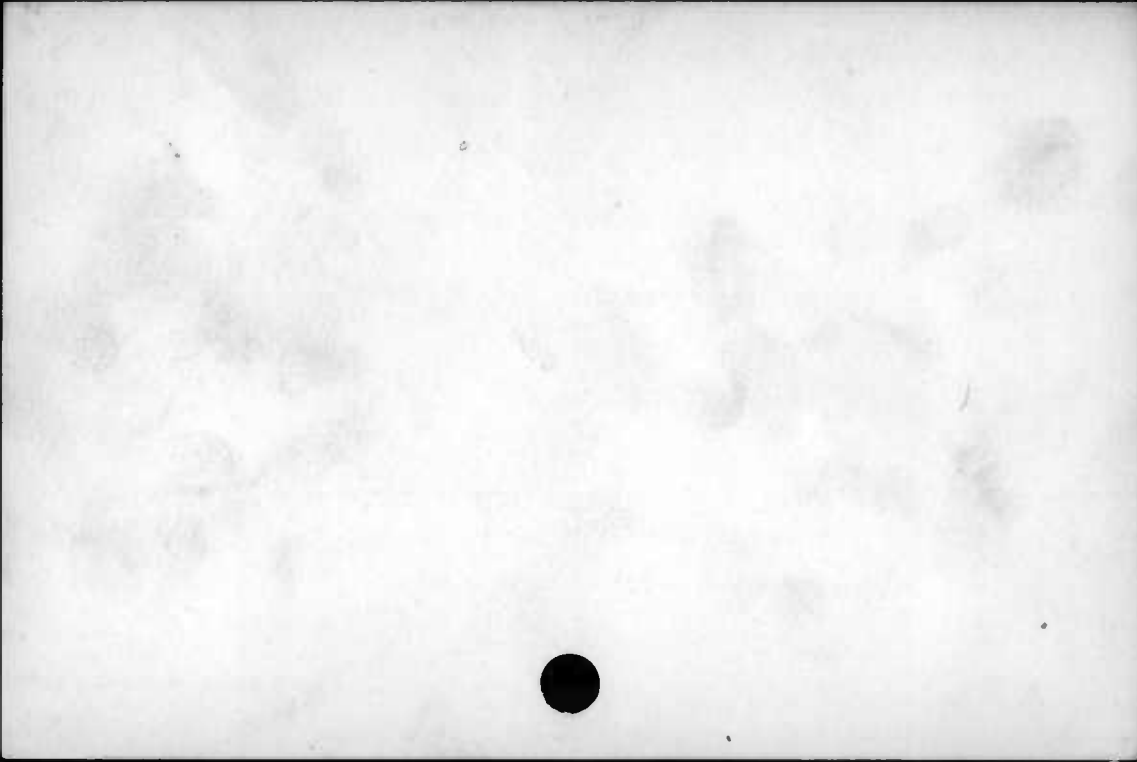
27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. B. McDaniel</i>
<i>Stem</i>	Address <i>Cumtula, Md.</i>
Accident or Suicide?	<i>McDaniel</i>



Name in Full		Town				County		CERTIFICATE OF DEATH			
		Died at		Date of death		Age		Months		Days	
TO BE ANSWERED BY NEAREST FRIEND		John Scott Jr.		Linacoming		Allertown		MARYLAND			
		Date of death		1907		Oct 25		Age		4	
		Sex		Male		Color or Race		White		Birth-place	
		Occupation		none		Where Residing if not at place of death		Linacoming			
		Married, Single or Widowed		Single		Name of Wife or Husband					
FATHER'S NAME		John Scott Jr.		Father's Birthplace		Linacoming					
		Mother's Maiden Name		Mary McEntyre		Mother's Birthplace		Linacoming			
		Name of person giving information		James McEntyre		How related to deceased		Uncle			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Slight fever & diphtheria		How long		few days			
		Immediate		uncontrollable vomiting		How long		24 hours			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. B. Skilling			
		Address		Linacoming							
Accident or Suicide?		No									



Name
in
Full

Anna Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

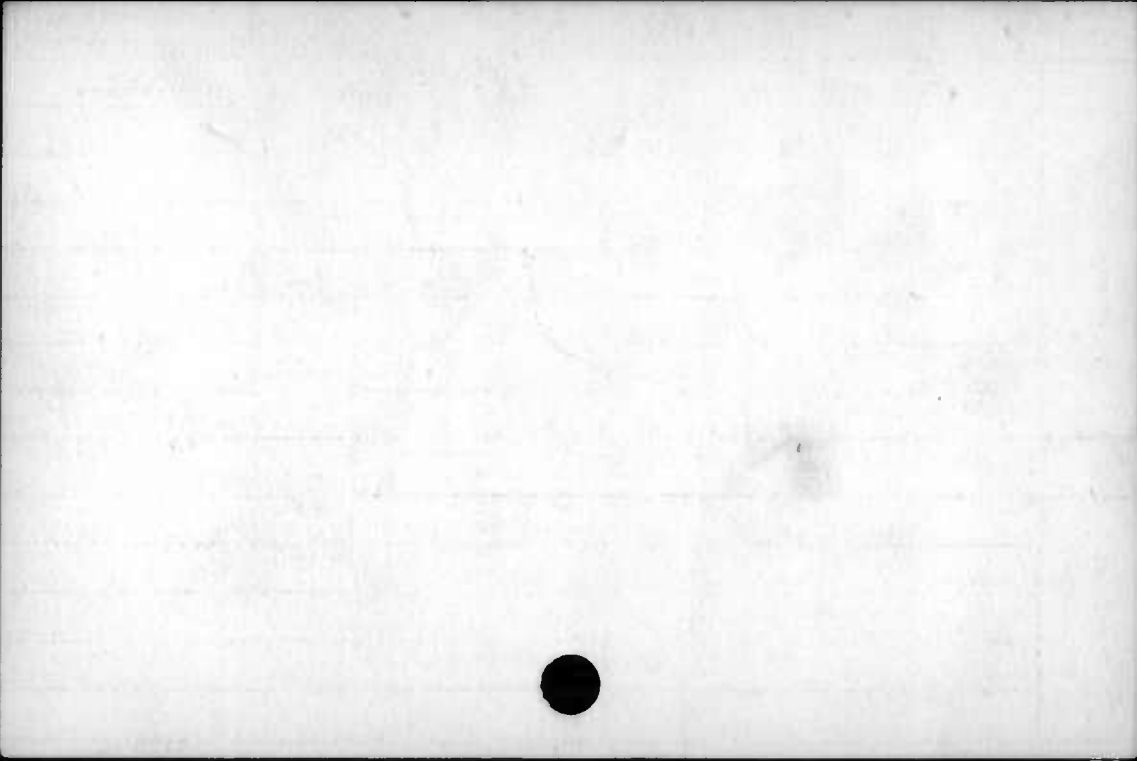
Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>Oct.</i> ^{Month}	<i>24</i> ^{Day}	Age <i>45</i> ^{Years}	<i>11</i> ^{Months}
					<i>25</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Fronton, Ohio</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Rev. Geo. E. Shaw</i>		
Father's Name	<i>Hamilton Willis</i>			Father's Birthplace	<i>High Point</i>
Mother's Maiden Name	<i>Miss Wolf</i>			Mother's Birthplace	<i>Warren</i>
Name of person giving information	<i>Rev. G. E. Shaw</i>			How related to deceased	<i>Husband's Bro.</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>six weeks</i>
Immediate	<i>Heart Disease</i>	How long	<i>six weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>H. I. Kail M.D.</i>	
Address		<i>170. Mechanical</i>	
		<i>Cumberland Md</i>	
Accident or Suicide?			



Name
in
Full

Conrad Henry Shuckhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frostburg ^{Town} Allegany ^{County} MARYLAND

Date of death | 90 7 | ^{Month} 10 | ^{Day} 16 | Age ^{Years} 69 | ^{Months} 10 | ^{Days} 29

Sex M. Color or Race W. Birth-place Germany

Occupation Mini Foreman Where Residing if not at place of death —

Married, ~~Single~~ or Widowed Name of Wife or ~~Husband~~ Mary Shuckhart

Father's Name John Shuckhart Father's Birthplace Germany

Mother's Maiden Name Elizabeth Shaeffer Mother's Birthplace Germany

Name of person giving Information Lillie Shuckhart How related to deceased daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

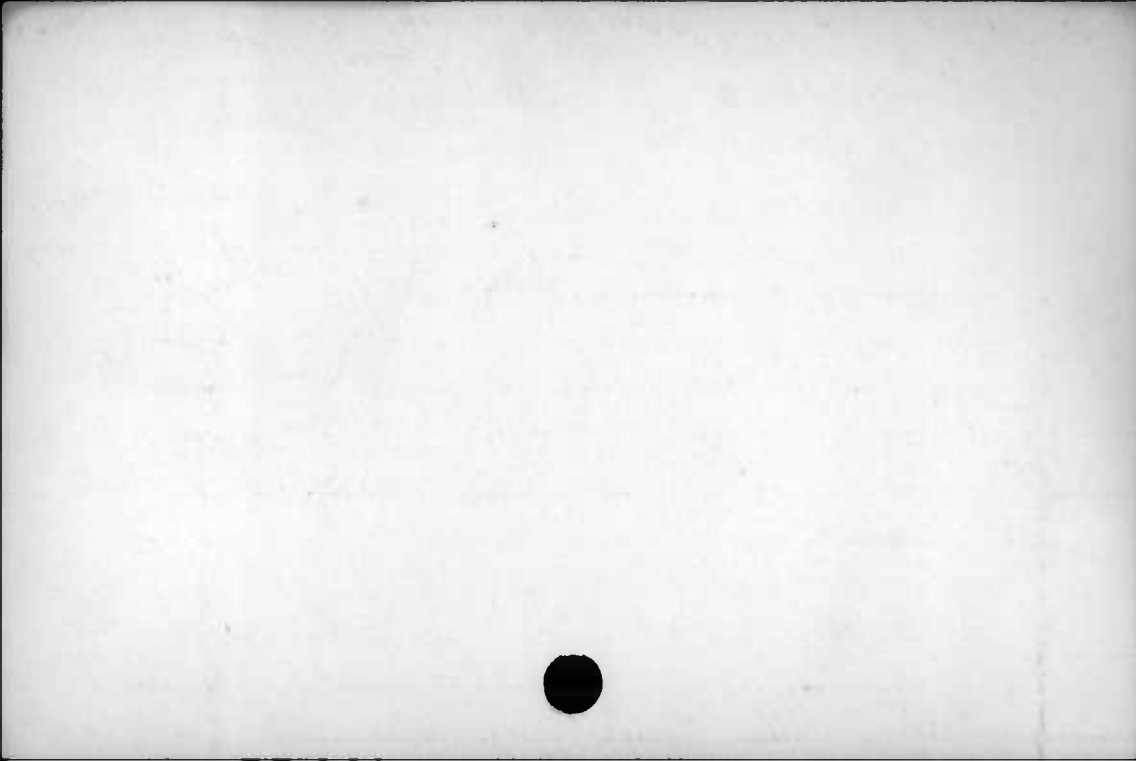
Primary Wraemia ^{How long} 5 Day

Immediate Wraemia ^{How long} 5 Day

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician D. H. M. Lane Address Frostburg Md

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

Peter Sinclair

Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	1907	Month	10	Day	23
Age	36	Years		Months	
Sex	Male	Color or Race	White	Birth place	<i>Cumberland</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>None</i>			
Father's Name		<i>Malcolm Sinclair</i>		Father's Birthplace	
<i>Scotland</i>					
Mother's Maiden Name		<i>Isabella</i>		Mother's Birthplace	
<i>" " " "</i>					
Name of person giving information		<i>Wm. Angus Cameron</i>		How related to deceased	
<i>Poster</i>					

CAUSES OF DEATH

110

Primary	<i>Acute Atrophy of Liver</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician
		<i>F. B. W. Jones</i>
		Address
		<i>Cumberland Md.</i>
Accident or Suicide? <i>—</i>		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

M^e Gaudet

Name
in
Full

Elizabeth Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

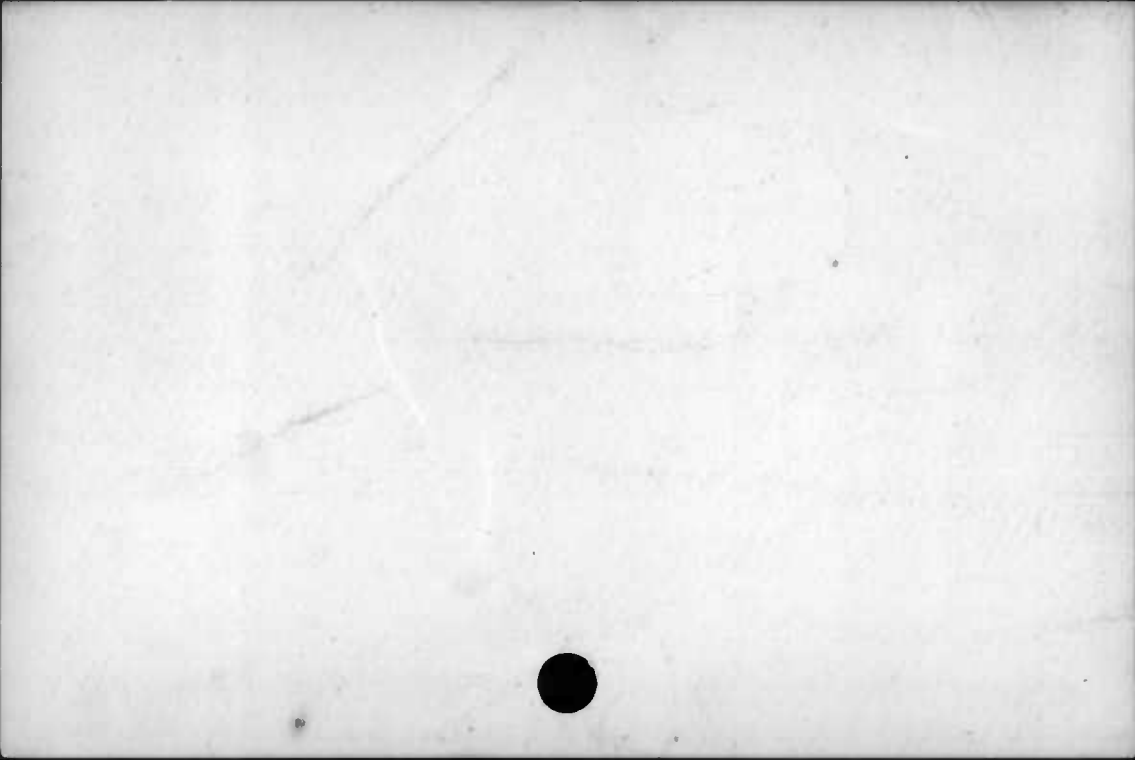
Died at <u>Terrmta</u> Town		<u>Queeny</u> County		MARYLAND	
Date of death	1907	Month	05	Day	23
Age	84	Years	5	Months	13
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	none	Where Residing if not at place of death —			
Married, Single or Widowed	Widow	Name of Wife or Husband	Louis Snyder		
Father's Name	Do not know	Father's Birthplace	Germany		
Mother's Maiden Name	Do not know	Mother's Birthplace	Germany		
Name of person giving information	Andrew Snyder	How related to deceased	Son		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>General debility</u>	How long	—
Immediate	<u>Brown</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>M. W. Miller</u>
<u>Louis Stein</u>	Address	<u>Quincy, Ill.</u>	
Accident or Suicide?			



Name
in
Full

Clara M. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death		1907	Month 10	Day 28	Age Years 55	Months 1	Days 3
Sex F		Color or Race W.		Birth- place Md			
Occupation H. W.				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Thomas J. Thomas					
Father's Name Henry J. Wade		Father's Birthplace Md					
Mother's Maiden Name Mary Halpin		Mother's Birthplace Md					
Name of person giving In formation		Husband				How related to deceased Husband	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach	How long	1 1/2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. W. M. Lane	
		Address Frostburg Md	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

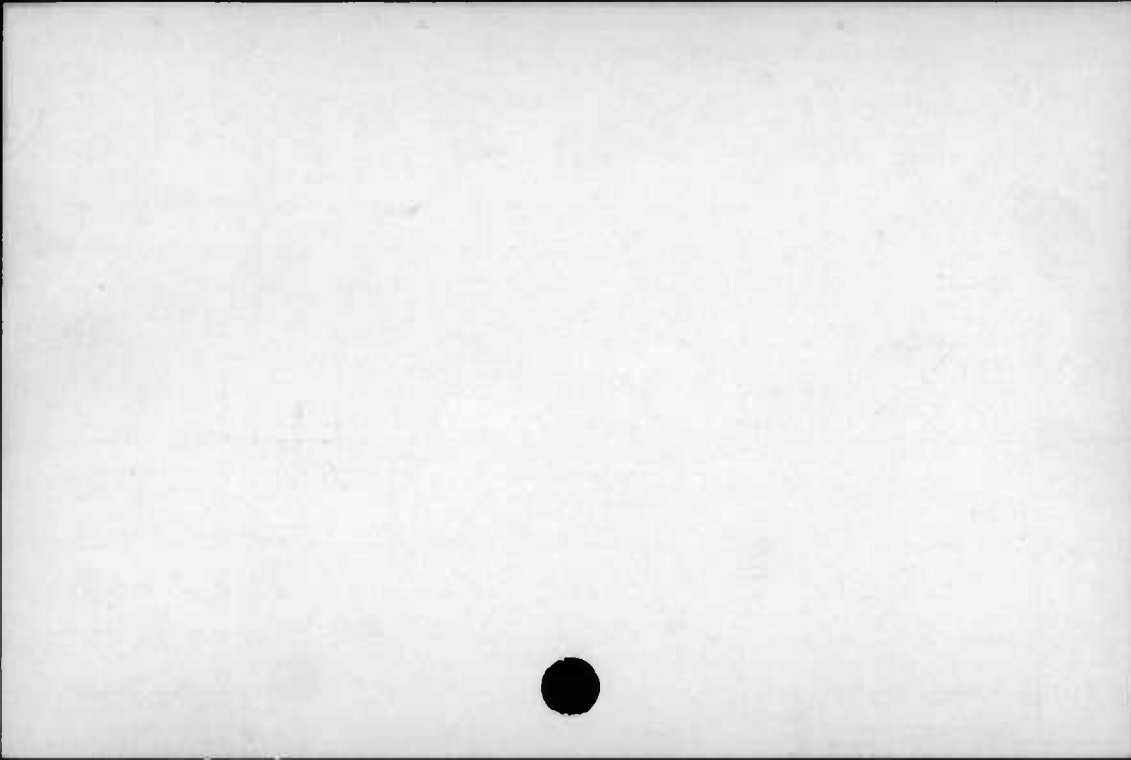
Died at <u>Lonsaconing</u> ^{Town}		<u>Allegheny</u> ^{County}	
Date of death <u>1907</u> ^{Month} <u>Oct</u> ^{Day} <u>13</u>	Age <u>63</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lonsaconing</u>	
Occupation <u>miner</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm. H. Hanner</u>	Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Jenny Orr</u>	Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>Mrs. J. R. Kinloch</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic interstitial nephritis</u>	How long <u>Six months</u>
Immediate <u>dropsy</u>	How long <u>four weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Skilling MD</u>
	Address <u>Lonsaconing</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

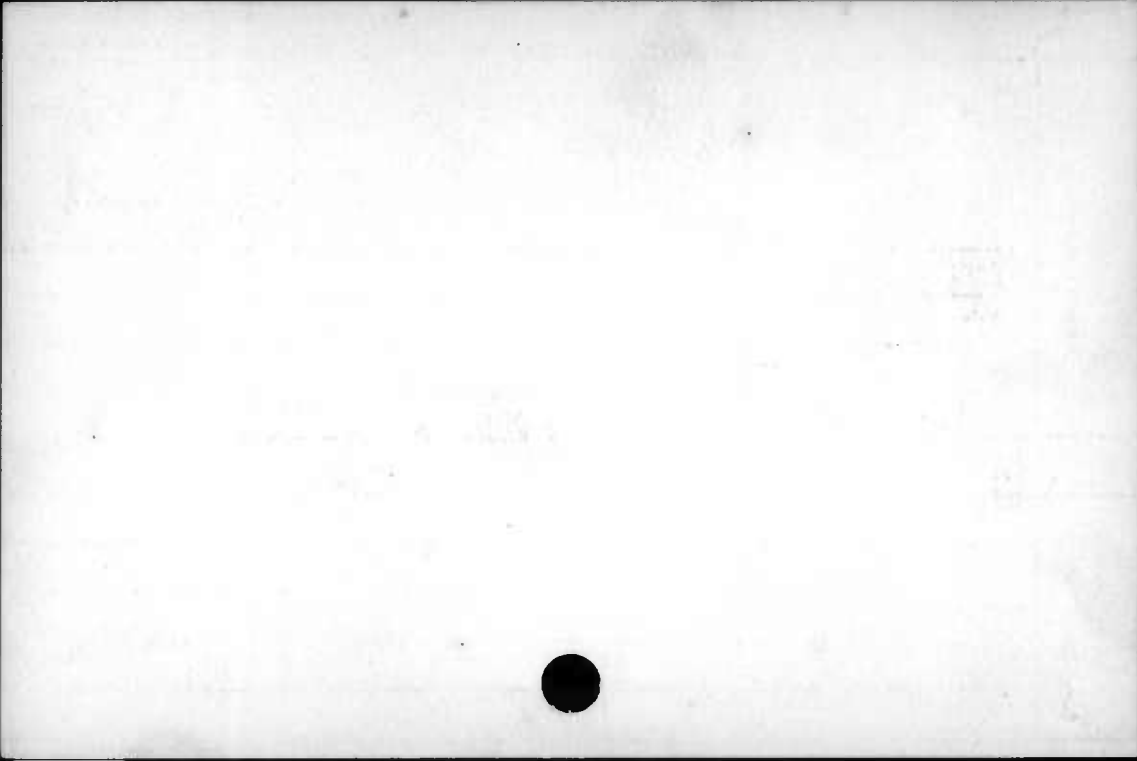
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town <i>Accrington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>26</i>	Age <i>76</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Chambersburg Pa</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Augustus Ward</i>		
Father's Name <i>William Harmon</i>	Father's Birthplace <i>Chambersburg Pa</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John C. Ward</i>	How related to deceased <i>64</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>about 3 weeks</i>
Immediate <i>Paralysis</i>	How long <i>about 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Josephine</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>L</i>	<i>med</i>



Name
in
Full

Charles Russell Whitmire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1907	Month 04	Day 10	Age 16	Months 0	Days —
Sex Male		Color or Race White		Birth-place Va.			
Occupation Laborer		Where Residing if not at place of death 31 Grand Ave					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Nathan C Whitmire		Father's Birthplace Va					
Mother's Maiden Name Mamie Smith		Mother's Birthplace Va					
Name of person giving information				Unrelated to deceased Brother (L.B.)			

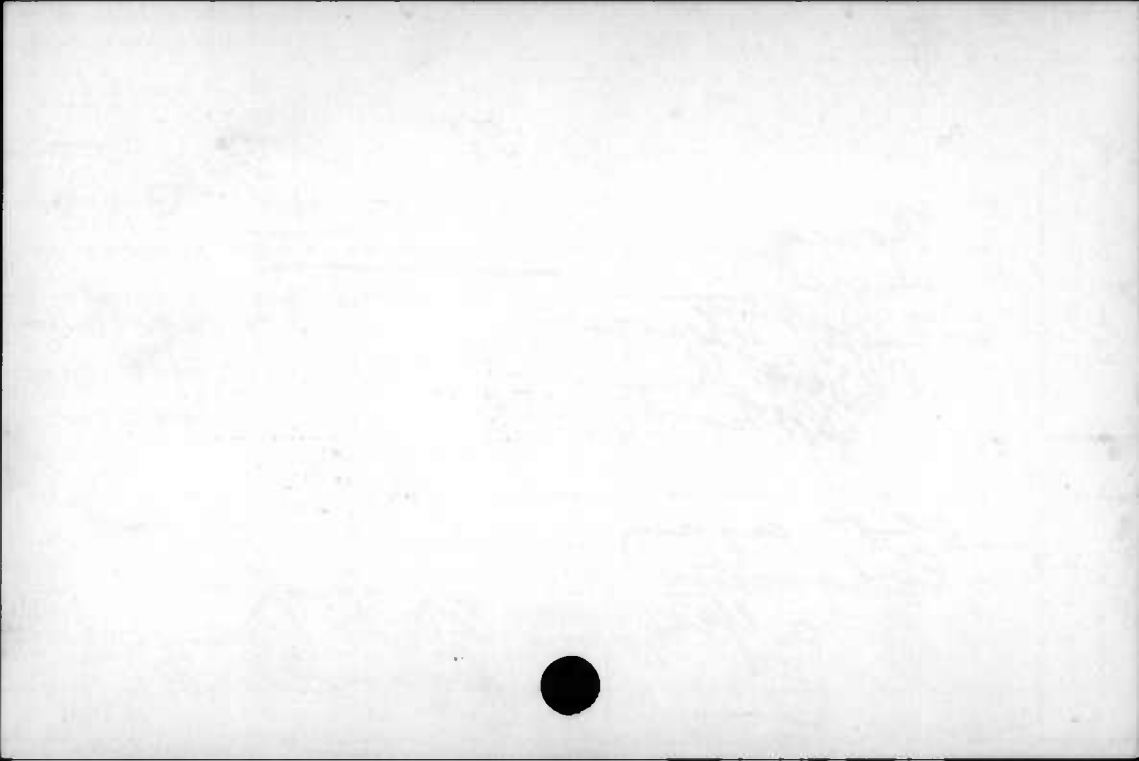
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CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Injury on Rail Road	How long	2 hours
Immediate	Exhaustion from Injury	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. L. Broadmyer	
Address		Cumberland Md.	
Accident or Suicide?		Accident	



Name
in
Full

Nancy Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Allegheny ^{County} MARYLAND

Date of death 1907 ^{Month} Oct. ^{Day} 13 ^{Years} 75 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place MD

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving information Mr. H. H. H. H. How related to deceased Not at all

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary old age How long —

Immediate Exhaustion How long 4 weeks

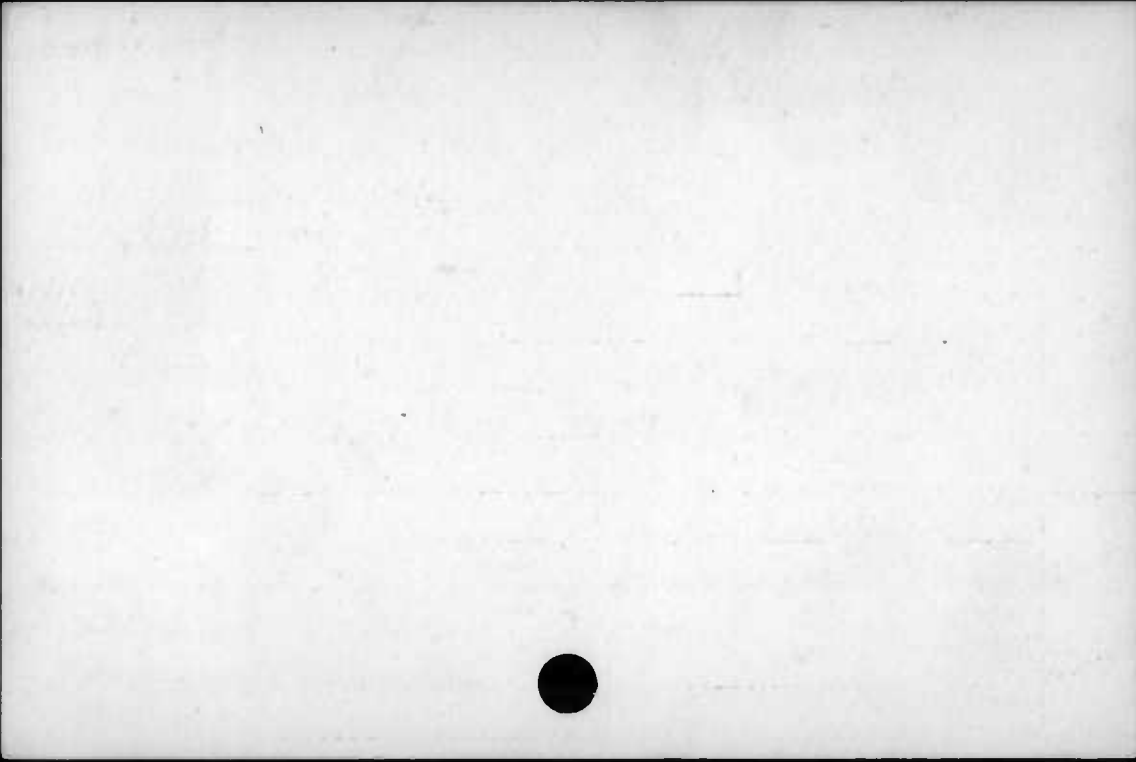
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. F. F. F. F.

Address Cumt'd Md.

Stem

Accident or Suicide? —



Name in Full Chas. N Wollerton		CERTIFICATE OF DEATH	
Died at Cumberland Town		Allegheny County	
Date of death 1907		Age 47 Years	
Month 10		Days 9	
Sex Male		Color or Race White	
Occupation Cabman		Birthplace Newbury W. Va	
Where Residing if not at place of death Cumberland			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Penn - Wallerton.		Father's Birthplace Pa -	
Mother's Maiden Name Sarah Creel -		Mother's Birthplace Hamplinton	
Name of person giving information W. C. Wollerton		How related to deceased Brother	
CAUSES OF DEATH			
Primary abdominal tumor		How long 2 years	
Immediate Pneumonia		How long 10 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. B. Burdall	
Address Cumberland Md.			
Accident or Suicide? No			

X

Permit given
Cash 4th

Name
in
Full

Mary S Yastie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Loortown</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1907	Month	Oct	Day	26
Age	44	Years	44	Months	-
Sex	Female	Color or Race	White	Birth-place	Montell Mines
Occupation	Housewife	Where Residing if not at place of death <u>Loortown</u>			
Married, Single or Widowed	Single	Name of Wife or Husband <u>Howard Yastie</u>			
Father's Name	Richard Cross			Father's Birthplace	Italy
Mother's Maiden Name	Rose Alachie			Mother's Birthplace	Italy
Name of person giving information	Edward Phillips			How related to deceased	Friend

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>3 yrs</u>
Immediate	<u>General Anæmia</u>	How long	<u>4 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J C Holdsworth</u>	
		Address <u>Loortown Mines</u>	
Accident or Suicide?		<u>no</u>	

Hafen.

Garrett Co